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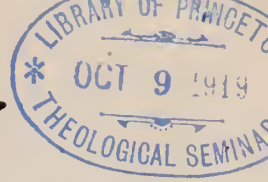
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ONE REASON FOR MEDICAL MISSIONS

A Witch Doctor in Africa



THE MISSIONARY REVIEW *of the* WORLD

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RELIGION AND POLITICS IN ARABIA

ARABIA, the huge peninsula made famous by Mohammed, is inhabited by a great number of separate tribes. There is no Arab nation, no national spirit and no unity except in adherence to their great prophet. Even in this religious unity there is a great division into sects that is often accompanied by bitter hostility and bloodshed. The nominal sovereignty of the Turk over Arabia has been broken and Hussein, the Sherif of Mecca who is now King of Hejaz, and Abdul Aziz bin Saud, Chief of the Nejd, are aspirants for control over all Arabia.

A new religious movement in the interior of Arabia is reported by Dr. C. Stanley G. Mylrea of Kuwait as an extreme development of the doctrine of the Wahabis. This movement of the "Ikhwan" is being encouraged by Bin Saud as a fanatical sect that will win power for him in Arabia. According to report Bin Saud is aggressively religious, insists upon his followers saying their prayers, on penalty of death, and will even shoot a man for smoking. While Hussein is more powerful than the Chief of Nejd the greatest force against Bin Saud is the British Government which, while looked upon by the Arabs as a foreign power, is an acknowledged authority.

PRESENT CONDITIONS IN PALESTINE

A REPORT from Rev. S. B. Rohold, of the Editorial Staff of the REVIEW, written from Jerusalem, July 6th, gives some interesting facts as to the present conditions in Palestine. First, he declares that any statement that the government interferes with the preaching of the Gospel in Palestine is untrue. "The [British] governmental officials (civil and military) have been considerate and helpful in many ways. No one has said a word against my preaching Christianity or hindered my distributing tracts, etc. The Y. M. C. A. huts have offered a splendid opportunity, and the chaplains welcome a helping hand. Even in the

Evelyn de Rothschild Hut I had the privilege of preaching Christ. The authorities are anxious that missionaries should go forward with their work, and just now there is an unprecedented opportunity. I am greatly encouraged from all sides. We have the greatest freedom in distributing tracts and Gospels; even in the Jewish quarter there is a ready welcome and real eagerness for Hebrew literature. In Hebron, formerly so bigoted, Jews and Moslems actually thanked us for the tracts. Captain Abrahamson, a splendid, consistent, Hebrew Christian, is the British Governor of the ancient city of Abraham.

“There are false ‘Messiahs,’ like Dr. Musa, a Persian, who married the daughter of the late Felix Adler. Another impostor is Jophet Behan, who has recently come from Australia, and who claims to be the Messiah.

“There is an especial opportunity in Palestine for those who speak Hebrew. Yiddish is a dead language here. Even the little Jewish children talk Hebrew, and Arabs are learning the language in order to deal with the Hebrews. There is a large demand for Hebrew Bibles. Many educated Jews are now also anxious to know the truth about Christ and Christianity. They cannot believe, as their parents have told them, that Christians are ignorant impostors, for they have seen what Christians are and have done: English is also very generally used and English tracts are in great demand.

“Zionism is weak in Palestine and is much disliked by orthodox Jews and is opposed by the Rabbis. They see that the Christian missionaries, in contrast to Zionists, are the upholders of the truth of God’s Word. The Zionist also eat Gentile food in Gentile hotels. All are, however, anxious about the settlement of the land by Hebrews and the modern idealists are still a strong force. There is also a sort of true Zionism, which is bound to become a strong factor in the rebuilding of Zion. The division in the ranks of Jews gives the Christian missionary an excellent opportunity. The old fear and prejudice seems to have gone from the Jews. At a reception given in the American (Protestant) Church, Rabbi Roirchas and the President of the Great Synagogue were both present all through the service and the Chief Rabbi attended a special service in St. George’s Church.

“The outlook is far brighter than I ever thought it could be. The real difficulty is to secure capable and consecrated missionaries—men and women of faith, vision and intelligence, spirit filled and able to meet the present crisis. To such there is promise of large results. One missionary who has labored here for twenty-five years says that she was never so free in preaching the Gospel and never so welcomed as now. Three Hebrews have recently asked for baptism.”

SANTO DOMINGO—A MISSIONARY “BLIND SPOT”

CHRISTIANS seem to have their “blind spots” in looking at the world. How many Christians have seen Haiti on their missionary map and program?

But steps are being taken to bring to notice some, at least, of these places that have been shut out by the “blind spots” in our Christian vision.

Rev. S. G. Inman, secretary of the Committee on Cooperation in Latin America, who has recently returned from a trip to Haiti and Santo Domingo, is one of those who are helping to bring a neglected field into view. He writes: “Little progress has been made in the civilization of Haiti since the days of Christopher Columbus. Santo Domingo City, the capital, has no street cars, no sewer, no water or telephone system, only a few private electric light plants, and no building ever erected entirely for school purposes. Illiteracy on the island is calculated at 90 to 95 per cent of people over ten years of age. Many country people have no sense of numbers above five. There are practically no roads, and the northern and southern parts of the island are like two different countries. Venereal disease, hook worm, malaria, tuberculosis and yaws run riot without any idea of how to treat them.

“The legislative and executive power in the republic of Santo Domingo is in the hands of the United States Navy. The president is Rear-Admiral Snowden, and the Minister of Foreign Affairs and Education is Col. Rufus Lane, U. S. Marine Corps. I was deeply impressed with the fine spirit with which the Admiral and his cabinet are carrying on their work, which they regard as a real missionary job. Col. Lane is doing a wonderful work in developing the schools. The effort at Protestant work, even among English speaking negroes, is pitifully inadequate, and with rare exceptions is fantastic in its teaching.

“It is absolutely necessary that Christian forces in America give themselves to interpreting to these people our spiritual message, lest they know nothing of us but the purely military force developed for the maintenance of order. The more I look into the problem of this most needy and almost virgin field, the more I am convinced that the work should be done by a united mission board that would represent all the evangelical agencies desirous of taking part in the work and would direct the program as a united service for a needy people, unused to trusting anyone’s claims to unselfish service.”

Mr. Inman’s proposals for work to be established in certain centers include institutional churches, vocational schools, hospitals (if the Red Cross does not establish them) and literature. Practically every person he asked as to what the people are in particular

need of, replied: "*Everything*. Anything you can do for them will be worth while, and you need not be afraid of duplication or doing too much. That would be impossible."

STUDENT STRIKES IN CHINA

THE spirit of modern democracy is manifested in the student movements in China. The revolution, the war and the difficulties with Japan have awakened the national consciousness and a desire for popular control in government affairs. This same awakened spirit will profoundly influence the intellectual and spiritual life of the Chinese and will hasten the day of autonomy for the Chinese Christian Church.

Official corruption in China has been responsible for many ills, national and international. The students have determined to take a stand against public infamy and those in the Government University in Peking some weeks ago led a demonstration in the form of a student parade and a petition demanding the removal of three high officials whom they denounced as traitors. Students of other cities followed. Excitement spread on the arrest of some of the agitators. Students of Nanking, Shanghai, Soo Chow, Hang Chow and other cities organized, sent petitions and made demands on the government, and a new revolution seemed imminent. In Nanking the students and teachers formed an organization called "Hsioh Gai Lien Hoh Hwei" (The Teachers' and Students' Union) which drew up a petition, organized a huge parade and sent telegrams to Peking. They planned a program for the education of the common people in night schools, by the publication of literature, by public addresses on the streets and the general instruction of the people in national and international affairs. They also promoted a campaign for the boycott of Japanese products.

Our correspondent, Professor Clarence H. Hamilton of the University of Nanking, writes that this agitation all but put an end to the University work.

In Peking, the Chancellor of the Government University, an able and respected man, resigned, expressing his sympathy with the movement. On the acceptance of his resignation a wave of indignation swept over the student body. A strike followed, with the refusal to attend classes and a general program of public agitation.

The mission schools joined in the strike out of sympathy for the movement, though the teachers in Nanking University did not join in the declaration. Student guards watched the gates and student police kept order. The University was declared to be under student martial law. Student committees were busy everywhere, addresses were made and literature was mimeographed and sent out broadcast.

All this agitation was a protest against evil in high places, and in favor of national welfare. Merchants responded by hanging out the national flag and closing their shops. Finally on June 11th the government yielded and announced the resignation of three objectionable officials and the release of imprisoned students.

This demonstration reveals two things: First—the democratization of China and the growth of the national spirit, and second the power of the student body—the modern educated element of China—to promote the movements for better government. The strike may be a turning point in the history of the Chinese Republic. What a transformation might take place if these students could be aroused and enlisted in the campaign for Christianity in China!

UPLIFTING THE OUTCASTES OF INDIA

IN SPITE of the war and in spite of the political disturbances in India, the movement toward Christ still continues among the 60,000,000 or more pariah and other outcaste villagers of India. These untouchables, whose very shadow is supposed to pollute a high caste Brahman, are being cleansed by their acceptance of Jesus Christ, and are becoming new creatures. These people are usually desperately poor, immoral and ignorant. They have no privilege of citizenship or freedom to rise higher in the social scale. One reason why these outcastes are so receptive of the Gospel is that they realize their low condition and their need of some power to lift them up and save them individually and collectively. They are not proud and self-satisfied like the upper castes.

It is one of the proofs of the truth of the Gospel that these people are transformed by the power of Christ, are elevated intellectually, morally and spiritually, so that individuals and communities are miracles of grace. In thirty years one mission alone in South India has baptized 130,000 of these outcaste Indians. Today these people are applying to be received into the Church at the rate of 50,000 a month. The great hindrance is the lack of teachers to train them in the essential principles and practices of Christianity.

PATRIOTISM AND RELIGION IN JAPAN

THE Japanese naturally are eclectic. They borrow and imitate what appeals to them in civilization, materialism or religion. They are not originators. Buddhism, the only real religion of Japan, was borrowed from India by way of China. Confucian learning and ethics also come from China by way of Korea. In modern times Japan has wisely borrowed her educational system from America and judicial procedure from Europe. Arts, sciences, literature and manufactures are taken from the wide world.

But Japan is afraid that Christianity is a foreign religion and

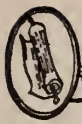
as such incompatible with Japanese ideals and institutions. Shinto, which is more of a system of hero worship than a religion, is not sufficient for Japanese needs. Theoretically all Japanese are Shintoists, as they all observe Shinto festivals and do homage to the Emperor. It is a religion of patriotism.

To supply the need for a religion that is peculiarly Japanese a new "National cult" has recently been formed which the Government proposes to make universal and not necessarily antagonistic to other faiths. A special bureau has been created and officials have been put in charge of shrines where special ceremonies will be observed. All Japanese are told to visit these shrines and to pay homage to the Emperor. There is a purpose in the Japanese mind to prevent any deviation of allegiance from the Emperor to Jesus Christ. The *Church Missionary Review* tells of a Japanese Christian girl, who had passed a brilliant examination for entrance to a normal school, and whose name was struck from the list because, in reply to the question "whom do you regard as highest, God or the Emperor?" she had conscientiously replied: "God."

PROTESTANT CHRISTIAN WORK IN FRANCE

NO one who knows the conditions in France can doubt the need for Christian work there—both evangelistic and philanthropic. Not only do cities and towns need to be rebuilt, churches and schools reestablished and the hungry and destitute cared for, but the spiritual upbuilding is even more important. Before the war the population of France was 40,000,000, of whom less than 1,000,000 were connected with Protestant churches. It is reported, however, that about 25,000,000 are outside of both Roman Catholic and Protestant churches. The France that has been so familiar to those who have visited Paris, the France of infidelity, of immorality and frivolity, must be transformed by vital Christianity. Religion must become real, the Bible must be a factor in the home and in education, and the habits and convictions of the people must be permeated with the principles of Jesus Christ.

Bishop Hughes, of the Methodist Church, reports that there is need and opportunity for aggressive Christian work in France, but not for what is termed "propaganda." If by this is meant proselytizing from other Christian churches by a proclamation of non-essential doctrines, as though they were essential to life here and hereafter, few will question this statement. If, however, the term is used to mean a preaching of Christ and His teachings, in such a way as to awaken sleeping and lifeless members of other churches, or those who are outside of any church, into spiritual life and activity, then there is need for such propaganda not only in France but in America and in Great Britain.



EDITORIAL COMMENT



THE TRUE AIM OF MEDICAL MISSIONS

MANY, who have no interest in the work of the evangelist, can understand and sympathize with the work of the medical missionary. They can appreciate the distress of men's bodies and the need for modern medicine and surgery, but they cannot understand the still greater distress of men's souls and the need for the cure that only Jesus Christ can give. Consequently philanthropists will give hospitals where they refuse to support evangelists, and multitudes will applaud the removal of a tumor or the operation for cataract that causes physical discomfort, when they entirely fail to appreciate the still greater boon that comes through the cure of spiritual disease. "These things ought ye to have done and not to have left the others undone."

What are the other things? What is the real aim and purpose of medical missions? Is it merely to relieve suffering and so make life more worth living? Is it to stamp out epidemics and lessen the ravages of disease? Is it to show human and divine sympathy with those who are afflicted? Is it to open the doors of closed lands, closed homes and closed hearts through the power to help where people most feel the need for help? All these are praiseworthy motives and are factors that make medical mission work important, but they do not singly or collectively constitute the real aim of the Christian physician to non-Christian peoples.

The true aim of medical missions is to bring human beings into the experience of the love and power of Christ. Jesus declared that Satan had bound a suffering woman and that He had come to destroy the works of the devil and to set men free from bondage. Men's bodies are intended to be the temples of the Spirit of God, and as such should be made physically as well as morally fit for their holy Tenant. Men and women need mental and physical strength to render spiritual service, and children should be given a chance to develop into the ideal of manhood and womanhood for which their maker designed the highest of His created beings.

For this reason physicians and nurses applying for service in the foreign field, who are not fitted and trained spiritually as well as in technical skill, are out of place in missionary service. The highest degree of science, philanthropy and tact are needed, but in addition to these must be the Christ ideal and the Christ motive, to make men, women and children complete in the image of God, that they may be regenerated in body, mind and spirit, and thoroughly equipped for the service of God among their fellowmen.

With this motive supreme, the other desiderata will be attained—suffering will be relieved, the ravages of disease will be lessened, the sympathy of Christ will be manifested and doors will be opened. A higher spiritual character is needed in many medical missionary candidates, but not lower technique. The power of the Christ in the medical missionary has been evidenced by many examples and such workers are needed today more than ever before.

THE PROGRESS OF MEDICAL MISSIONS

MEDICAL missions were inaugurated by the founder of Christianity Himself. Jesus Christ not only healed the sick, cleansed the lepers, restored sight to the blind and made the lame to walk, but He commissioned His disciples to do the same. He promised them power and predicted results. The Apostles Peter and Paul, were especially famous for their power to heal the sick and even raised the dead in their Lord's name. After Apostolic days, however, the miraculous power to heal seems to have disappeared; fables, superstition and false miracles took their place in the history of the Church, so that many who claimed special power were in disrepute. Almost simultaneously the science of healing developed in Europe, so that gradually the discovery of God-given remedies made less necessary the calling on superhuman and divine forces.

It was not until the sixteenth and seventeenth centuries that we read of medical ministry as associated with missionary work. Cinchona was widely used in fever stricken lands, and other remedies were given to relieve the ailments of primitive peoples.

The early attempts to establish medical missions as a method used by Protestant societies met with much disfavor on the ground that men could not be saved by pills and paregoric. The first medical missionary from America was Dr. John Seudder, who sailed from New York in 1819. Thirty years later there were reported only forty medical missionaries in the world—twenty-six from America, twelve from Great Britain, one from France and one from Turkey. The first woman missionary physician was Dr. Clara A. Swain who went from America to India in 1869.

Today the importance of the medical branch of Christian missions is almost universally recognized. Ten years ago there were reported 667 male physicians and 348 women physicians working in foreign fields under the auspices of Protestant missionary societies. Most of these were in India and China, and many fields were still untouched by this form of service. That same year the treatments reported in the mission fields numbered over seven and one-half million cases. Last year from the United States alone there were reported 380 male physicians and 171 women physicians of Protestant societies of the United States of America. They

operated in 332 hospitals and 635 dispensaries, and treated 4,030,000 cases in non-Christian lands.

The medical arm of missions is still almost unused in Malaysia and Latin America, and the Christian physicians are comparatively few and far between in the great areas of Africa and Central Asia. The need for sending out nurses as missionaries has been emphasized in recent years, but the supply is very inadequate to the demand for these angels of mercy. The great emphasis today in medical missions is on the establishment of well equipped hospitals and training schools at strategic points, and the raising up of an adequate number of skilled native Christian physicians and nurses. When this is accomplished the foreign medical staff will be ready to withdraw from the field. As long as there are ailments that flesh is subject to, and as long as men and women need skilful and sympathetic treatment for both bodily and spiritual ailments, so long will Christian physicians and nurses be needed as representatives and witnesses following in the path of the Great Physician.

RELIGIOUS RECONSTRUCTION IN EUROPE

POLITICAL leaders and the people of France and Belgium in general are eager for the material help that America can give. These countries acknowledge their physical needs and appeal for food and clothing and for manufactures to help in their rehabilitation. But the religious leaders generally do not acknowledge their spiritual poverty and their need for help in the Christian reconstruction program. To American and British visitors to France and to many of the French themselves the need for religious and spiritual instruction is very apparent, but when American Protestant Churches propose to appropriate men and money for religious work in Europe, a great protest is made by the leaders of the Roman Catholic Church on the ground that this is unwarranted "proselytism." It would be interesting to hear the Roman Catholic view of the religious work of their own Church in America and England—predominantly Protestant countries—and their explanation of the fact that they are avowedly working for the conversion of all Protestants to the Catholic Church.

To meet the great need for constructive Christian work in the devastated and impoverished regions of France and Belgium a Committee for Christian Relief has been formed in America, in which all Protestant denominations are cooperating. A "Three Million Dollar campaign has been started for the work, with headquarters at 289 Fourth Avenue, New York. This money is to be used chiefly to relieve physical need and to restore churches and manses, to help Protestant pastors and to educate the crippled and neglected. A Protestant school has already been opened in Nantes and others are contemplated. The Methodist

Church has set aside a part of its \$135,000,000 Centenary fund for schools and community work; the Protestant Episcopal Church is planning similar work; and the Presbyterian Church expects to spend \$500,000 this year to help rehabilitate Protestant churches in devastated regions.

This work is not Protestant propaganda or proselytism. It is humanitarian service and most of the funds will be used to help Protestant organizations already existing in France, Belgium and Italy. At the same time Christians should not be afraid of the accusation of "proselytizing." The attempt to change a man's or woman's church allegiance is unworthy of a Christian. It matters little what name we bear so long as we are in the great family of Christ, and any effort to enlarge a special branch of the Church at the expense of some other branch is an ignoble aim. But it is a very different endeavor to bring all men and women into right relation to God through Christ. They may be nominal church members or so-called adherents and yet be veritable heathen. It is quite as important and as laudable a work to bring a nominal Presbyterian, or Baptist, or Methodist or Episcopalian or Roman Catholic into vital relationship to Christ as it is to convert a heathen from the error of his way. The question is not where a man lives or by what name he is called but where he stands in relation to Christ and how far he is manifesting the indwelling power of the Spirit in his daily life and conversation. We may well pray and give and work unceasingly that all France and Belgium, all Europe and America, yes, all mankind, may be converted, not to the Protestant Church but to the Lord Jesus Christ.

REASONS FOR MEDICAL MISSIONS

CHRISt was a Medical Missionary. He was the succorer of bodies as well as the Saviour of souls.

Christ commissioned His disciples to heal the sick.

The Apostles were medical missionaries.

There is a great dearth of trained physicians and nurses in non-Christian lands, millions of people being beyond medical and surgical aid.

There is untold suffering in non-Christian lands due to superstition and ignorance of the elementary principles of surgery, hygiene and sanitation.

The doors of many closed lands have been opened through medical missions.

Many homes closed to other Christians have been opened to the Christian physician.

Multitudes have been converted to Christ and their lives have been transformed through the ministry of medical missionaries.



DR. MABIE HOLDING A BABIES' CLINIC IN BANZA MANTEKE

The Need for Medical Missions

BY DR. CATHERINE L. MABIE, CONGO MISSION

American Baptist Foreign Mission Society

THE revealing of the Christian's God, the only vital reason for Christian missionary endeavor anywhere, meets two distinctly opposing forces in Africa—Mohammedanism and spirit worship, the highest and lowest forms of non-Christian religions.

Mohammedanism has carried the knowledge of God—omnipotent, omniscient, arbitrary, one God—to large numbers of African folk. But Mohammedanism has utterly failed in apprehending the tender, sacrificial, just, refining God, and so everywhere has failed to develop these essential qualities in its adherents. In the last analysis man is always like his God. The God of Hosea, the God who is like Jesus, the friend of sinners and acquainted with grief, the lover of little children whom He gathered in His arms and blessed, the comrade of receptive spirits with whom He fraternized and taught the deep truths of life, regardless of all mere fleshly habiliments of race and sex, such a God is as unknown in the Mohammedan as in the pagan world.

But the Mohammedan world has proven itself much more difficult of approach with this fuller revelation than has the pagan world. The Christian missionary, confident of his message, finds the Mohammedan community a walled city, well garrisoned and supremely satisfied with its own conception of God, contemptuous of the Christian propaganda in almost all of its recognized avenues of approach. The medical missionary with his tender, healing ministry and patient, unremitting, disinterested service of love holds the open sesame most potent for the lifting up of the fast barred Mohammedan gates of brass, that his God of grace and glory may enter. He himself is a concrete example, a demonstration of Christianity, which it is difficult for those whom he serves either to despise or discredit, and so he gains a hearing for the Gospel. Then "faith cometh by hearing." In attempting to stem the great Mohammedan invasion of Africa, more emphasis should be placed on the desirability of planting medical missionaries at strategic points of vantage all along the line which divides Mohammedan from pagan Africa, for they undoubtedly are peculiarly equipped to meet the onslaught and to demonstrate the superiority of Christianity over Mohammedanism to peoples about to exchange fetishism for the cult of Islam.

WITCHCRAFT AND SPIRIT WORSHIPERS

My own missionary experience has been wholly among the animistic people of the Congo valley. They have retained a fragmentary knowledge of God and think of "Nzambi" as a creative spirit, probably ancestral. Having created man, Nzambi left him to his own devices and to the malign influences of evil spirits, which, with the passing of the centuries, he has come to think of chiefly as the disembodied spirits of his own dead. All nature, human nature included, the Congo native peoples with spirits whose reactions upon himself result in all the untoward experiences through which he gropes with his numerous fetishes and medicine men for neutralizing agents. He stumbles on through life against great odds, with no power greater than himself for his protection, and none at all for inspiration or incentive. With "Nzambi" he has no personal relationship. In dire straits he may and often does call upon him, but with no assurance that he knows or hears or cares. His conception of God is much nearer the Mohammedan than the Christian conception. He also is a fatalist, and his women are goods for the profit and pleasure of men.

The Congo animist has almost no knowledge of anatomy, knows nothing of physiological processes and nothing of pathology. He attributes all his derangements, physical and mental, to spirit interference, either direct as in actual spirit possession, or indirect as through witchcraft machinations. Roughly speaking, he be-

lieves that all mental aberrations are due to spirit possession. It naturally follows that he has no sane notion of therapeutics. With charms and fetishes and magic brews, he strives to circumvent, and ward off, or drive out disease-inflicting spirits or propitiates them with gifts and fetish rites. When disease is persistent or alarming, or results in death, he has resource to his medicine men with their various tests and ordeals for detecting and dealing with witchcraft. Towns infested with death-bringing spirits are shifted to more propitious sites as a last resort.

Into this maze of superstition, ignorance and fear has come the medical missionary with his demonstrative theories of etiology and hygiene, with his wonder working surgical kit and medicine chest and kindly care, with his confident, optimistic note in the face of disease, with his marvelous power to hold death at bay and even to bring back from the borderland those about to cross to the great unknown. In the dread, mysterious realm of sickness he speaks with authority and achieves beneficent results, marvelous in their eyes. His works accredit him a hearing for the message which he brings concerning "Nzambi."

The well trained physician is usually a practical psychologist, whose habit of mind is to approximate the mental state of those whom he would help, and so he is peculiarly adapted to guide the superstitious animist out of the befogged bogs of spiritism up into the highlands of vision where fear takes flight. The first victory which the gospel of Jesus Christ gains among animistic peoples is the freeing them from the awful bondage of fear under which they have cowered for centuries.

Much constructive social and economic work must accompany the gospel propaganda in animistic Africa. For the most part, their territory is rather sparsely populated, due to a number of causes chief among which have been the slave and rubber trade, frequent inter-tribal warfare accompanied by cannibalism, (every man's hand has seemed to be against his brother), the heavy mortality due to the witchcraft ordeal, to gross ignorance of all the laws of right living both moral and physical, to climatic disadvantages, especially the prolific insect life of tropical Africa with its mosquitoes, tsetse flies, and other disease carriers in whose train follow malaria, sleeping sickness, and other deadly endemic diseases.

In the midst of this appalling state of affairs the medical missionary with his microscope and contagious optimism has set himself to do his bit toward making the great world of central Africa a possible place in which to live, not merely in which to exist. He is not only treating the diseases to which the native is prone, and teaching him to reverence and care intelligently for his body, but is demonstrating to him that mosquitoes and not

spirits are responsible for the heavy mortality due to malarial infections, is teaching him to fear tsetse flies more than ancestral spirits and polluted drinking water more than poisoned arrows. So he is slowly displacing his fatalistic irresponsibility for health conditions by a more wholesome state of mind which will prepare him to cooperate in subduing the hosts encamped against him.

Several years ago I received a very urgent invitation from a certain chief to visit his town, and help settle a palaver which had been on for some time. There had been an unusually large number of deaths in his town, and many of the people wanted to move the town to a more propitious site, since their present location had become so infested with death-bringing spirits that it was unsafe. We had a goodly number of Christians in the town, who had built for themselves a substantial frame church and two-roomed, board house for their teacher. The work was going on well and it seemed very undesirable to disturb it, as moving the town surely would have done. Their teacher, who had been at the Kimpese Training Institution, said that the water supply was bad and causing much of the sickness, and by the time I was summoned the controversy had waxed hot.

Investigation proved that many had succumbed to dysentery, and that the water supply was all and more than the teacher claimed for it; but there was no other nearer than a twenty minutes' tug up a steep hill, and the women, who are the water carriers, refused absolutely to clear a path to the distant spring, or to draw water thence. However, the teacher's wife who had also been a student at Kimpese, together with a few other women, cleared the path and began drawing water from the pure source; others gradually followed and the moving was deferred. As time passed the prevalence of infection among those who persisted in using the old source, and the comparative immunity of those who drew from the distant spring, did much to convince the spiritists that impure water had more to do than evil spirits with the high mortality record of the town, and so proved more potent in undermining superstition than much preaching. The town remains at the old site and the new path to the spring is a well trodden one.

The greater part of animistic Africa is not a white man's country. Its heat, excessive humidity, myriad insect life and general unwholesomeness have made it a very difficult field for missionary endeavor. Missionaries' children must be sent out of the country at a very early age. Losses through death and impaired health have been, especially on the west coast, exceedingly high. The medical branch of the service is very necessary for the care and conservation of the missionary body itself, and for the blessing conferred on the Africans.

The Distribution of Medical Missions

BY REV. BURTON ST. JOHN, NEW YORK

Director of the Bureau of Statistics and Research, Foreign Missions Conference

The purposes of this brief article are:

First: To present, with a minimum of detail, a statement of the present Protestant medical missionary activity throughout Latin America and the non-Christian world.

Second: To show what balance exists between the total missionary staff and the foreign medical missionaries, between the foreign physicians and the native physicians, and between the types of equipment with which they work.

Third: To restate the fundamental basis upon which medical missions are established. This does not put forward any new theory. It may strengthen our support of the whole enterprise as we see again how this work is a true "imitation of Christ."

TABLE OF PROTESTANT MEDICAL MISSIONS

Compiled from "World Statistics of Christian Missions," excepting as indicated

		Foreign Physicians	Native Physicians	Dispensaries	Hospitals	
		Men	Women			
Africa	(a)	106	15	—	228	85
Japan	(b)	8	1	40	7	10
Korea	(b)	34	9	12	24	22
China	(c)	270	81	212	318	265
Philippine Islands		14	2	9	18	10
Siam and Indo-China		13	—	—	20	10
British Malaysia		1	1	—	—	—
Ceylon		1	2	—	9	4
Dutch East Indies		8	2	3	31	31
India		122	159	51	376	183
Persia		13	6	1	17	10
Arabia		4	4	—	8	5
Turkey and Syria		48	10	18	50	35
Oceania		10	—	—	11	5
Latin America		19	9	—	38	10

(a) From "The Christian Occupation of Africa."

(b) From the "Christian Movement in the Japanese Empire, 1918."

(c) From "China Missions Year Book," 1918, excepting the number of hospitals.

THE above table of the Medical Missions of the Protestant Missionary Societies of the world exhibits some interesting facts. At a glance, one sees that the great field of medical missionary work at the present time is China. India stands close to China with a very strong emphasis upon medical missions for women. Over a hundred medical missionaries are reported for Africa, but that continent is so large a geographical unit, with nearly 12,000,000 square miles and 140,000,000 people, that this number is comparatively insignificant.

From the column of native physicians in the employ of missionary societies, we find that China is greatly in the lead. Considering not the total number but the ratio between the foreign physicians and native physicians, Japan stands far ahead of other countries. The Philippine Islands comes second, China third, and Turkey, (as before the war) follows close after.

It is interesting also to note that the dispensaries stand to the hospitals roughly as two to one. In Africa, they are more nearly three to one. On the other hand, in China, Turkey, and Latin America, for instance, the dispensaries are less numerous than two to each hospital. This shows that in Africa, medical missions are less well developed than in some other fields. In Latin America, more than in any other mission field, the medical practise is not directed by the missions. It is in the hands of the Latin Americans themselves, who have been well trained in modern medicine and surgery.

Some important phases of medical mission work have not been indicated in the tables. They are not forgotten. They will be found in the 39 leper asylums, the 30 medical schools, the 13 nurses' training schools, the 2 insane asylums; and several maternity homes, opium refuges, and tuberculosis sanitoriums, located in the various mission fields.

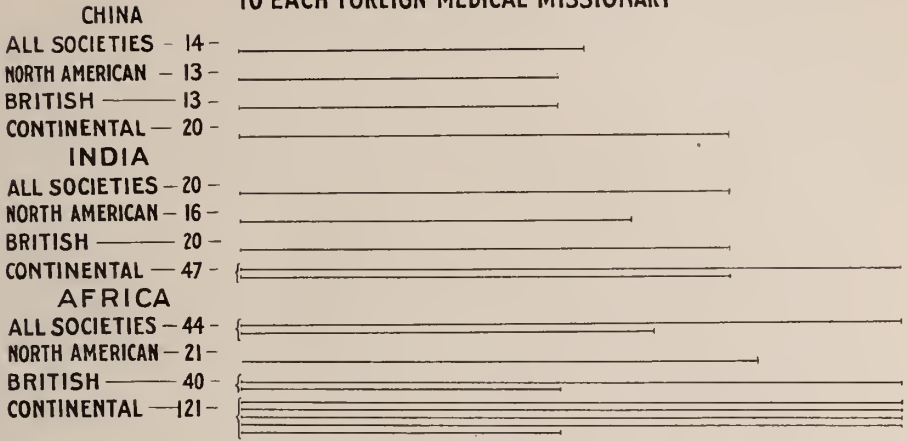
It is often helpful to observe the relative importance given to any form of missionary work, carried on respectively by the North American, the British and the Continental groups of societies. The number of medical missionaries in proportion to the total missionary staff is one method—and a very fair one—of determining the emphasis which is put upon medical missions by any society or group of societies. (See charts on page 737)

By this standard there is no radical difference noticeable in the attitude of the North American and the British societies, but there is divergence enough, as will be seen by the following charts, to indicate that North American societies incline to put the greater stress on medical work. The Continental societies, on the contrary, according to this standard, do not give such a large place to medical missions as do either the British or the North American societies. This is evident in all three of the sample areas charted, but is particularly evident in the one for the continent of Africa.

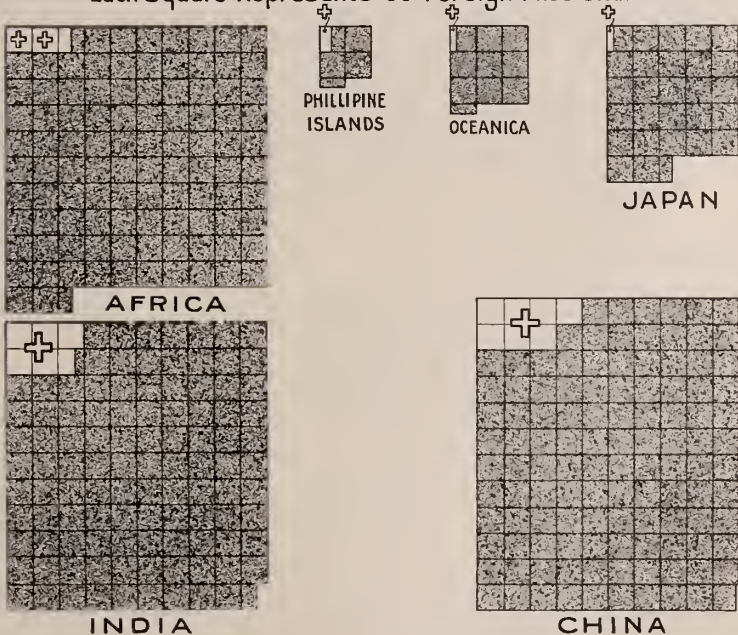
There may be room for self-congratulation on the part of the North American Societies, because in each instance they make a better showing for medical missionary work than the average of all societies working in the area.

The ratio of the medical missionaries to the whole missionary staff is clearly seen by the following charts. They include the nurses in the medical group. It may surprise many that this group is such a small one. It is small in actual numbers as well as by

NUMBER OF FOREIGN MISSIONARIES TO EACH FOREIGN MEDICAL MISSIONARY



✚ FOREIGN MEDICAL MISSIONARIES
Each Square Represents 50 Foreign Missionaries



THE PROPORTION OF MEDICAL MISSIONARIES AND NURSES TO THE TOTAL FOREIGN MISSIONARY FORCES IN FOREIGN LANDS

comparison with all the other missionaries. Nothing could show more clearly than this chart that influence is not measured by numbers alone.

The three chart maps accompanying this article show the distribution of the hospitals of the North American societies in Asia, Africa and Latin America. The outlines are traced from maps of a common scale. By this scale the dots indicating the hospitals average about twenty miles across. They might be said to represent the "areas of influence" rather than the mere locations of the institutions.

The clear concentration of the North American Protestant medical mission forces in Asia is significant of the regions which are uppermost in the minds of our church constituencies. It would not be quite true, however, that the nine hospitals in Latin America fully represent our missionary interest in our nearest neighbors. The attainments of the secular medical profession in Latin America are largely responsible for the comparative lack of medical mission work there.

The concentration of the dots in the three continents indicates in a good degree the general density of population in each continent.

Strange as it may seem, at first thought, the basis upon which medical missions are being developed does not rest primarily on the inadequacy of medical and surgical facilities in the mission lands. This known inadequacy, especially in parts of Asia and Africa, serves to bring a great appeal for this phase of missionary activity. An inferior materia medica and a crude medical practise, together with the incantations of witch doctors and the general ignorance of the laws of health, and the principles of sanitation, serve to make a strong appeal to the sympathies of the human heart.

However, it is not to be conceived that the Christian Church has upon itself the entire responsibility of providing adequate medical attention for all peoples of the non-Christian countries. The task of the church is nearly analgous to the responsibility which Christ evidently felt for the lame, the blind and the sick, when He was upon earth. It is quite conceivable that Christ might have cured all of these the world over had He deemed such to have been His mission. This He did not do. He did heal some. He brought a few to physical perfection in order to demonstrate to the world the spirit of the Heavenly Father whom He came to reveal. In doing this, He helped those who experienced the healings and those who learned of them, to understand better the Heavenly Father's love and to recognize the fact that all power rests in Him.

It does not fully meet the situation, therefore, to appeal for the strengthening of medical missionary work by giving a com-

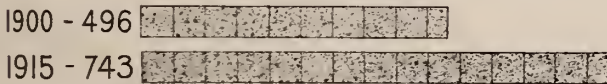
parison of the number of people in America to each physician as over against the number of people in the non-Christian world to each Protestant medical missionary. Such a comparison does not recognize the real basis of the work for which it appeals. Also it generally is made without giving weight to the fact that many of the non-Christian countries have a very appreciable body of well-trained native physicians. It fails to recognize other sources of medical attention than those provided by Protestant missions. For example, the Roman Catholic missions report one hundred and fifty hospitals in Africa, as compared with eighty-five reported by Protestant societies.

In recognition of the true purpose of the whole medical endeavor of Christian missions, mere numbers of physicians or hospitals do not stand in the place of first importance. Ought we not rather to learn whether these medical centers are strategically located in the light of the message they bring? Ought we not also to ask whether or not these hospitals are being equipped by the Church at home so that the practical Christian message which they are delivering will come with greatest force?

GROWTH IN MEDICAL MISSIONS

1900-1915

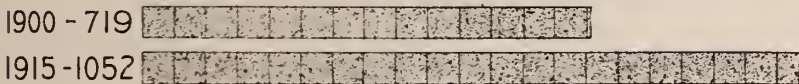
MEN-FOREIGN PHYSICIANS



WOMEN-FOREIGN PHYSICIANS



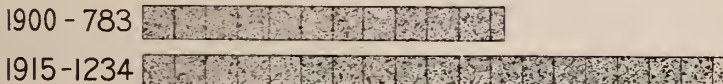
TOTAL-FOREIGN PHYSICIANS



HOSPITALS



DISPENSARIES



COMPARISON COMPUTED FROM DR. JAMES DENNIS' "SURVEY" AND FROM THE
"WORLD STATISTICS OF CHRISTIAN MISSIONS"

The Value of Medical Missions

BY R. FLETCHER MOORSHEAD, M. B., F. R. G. S.

The following are some ways in which Medical Missions attest their missionary value, and exhibit their striking influence in the extension of the Christian faith.

I. *Evangelistic.*

(a) As a Pioneer Agency:

1. By overcoming hostility and prejudice.
2. By destroying superstition.

(b) As a Direct Spiritual Agency:

1. By procuring a wide diffusion of the Gospel message.
2. By exhibiting an object lesson of the Gospel.
3. By securing time for repeated presentations of the Gospel both by lip and life.

II. *Social.*

As a Christian Social Agency:

1. By weakening such systems as caste and child marriage.
2. By acting as centers for public health reforms.
3. By imparting a new standard to human life, especially that of womanhood.

III. *Educational.*

(a) As a Christian Educational Agency:

1. By supplying scientific medical knowledge.
2. By training native medical students, and raising up native medical missionaries.

(b) As a Christian Philanthropic Agency:

By training the Native Christian Church in true Christian philanthropy.

IV. *Economic.*

As a Missionary Health Agency:

1. By diffusing a proper knowledge of the preservation of health amongst the missionary staff.
2. By treating sick members of the staff.
3. By guiding the health administration of missionary societies.

Equilibrium in Medical Missions

CAROLINE ATWATER MASON, BEVERLY, MASS.

Author of "The Little Green God," Etc.

IN an old legend we are told that when the Romans with Pompey at their head forced their way into the Holy of Holies of the temple at Jerusalem, a rustle as of wings was heard and a mysterious voice pronounced the words, *Let us depart*. The Roman general finding the shrine bare and empty turned away in disappointment, having looked for some imposing presence.

Today, in the recesses of our souls we sometimes seem to hear faintly a voice which whispers, "*Let us depart*," for more and more with the passage of time we lose our sense of the Presence on the Altar,—it seems to flee before the noisy intrusion of external accomplishment.

In Bethany the problem set before the Christian disciple's consciousness was to reach an equilibrium between the spirit of Mary and the spirit of Martha. The problem faces us today to solve for ourselves. We know that when the meditative spirit has prevailed in certain periods of the Church's life, it has led to barren introspection and morbid self-analysis. In our own day Martha's restless spirit not only dominates largely, but threatens to dominate entirely. Here is a menace to missions, and, in a peculiar degree, to medical missions.

Perhaps since the Apostolic age no finer equilibrium was ever struck between the mystic and the administrator than in the lives of the Apostles of our modern Protestant missionary epoch. William Carey, landing at Calcutta in 1793, initiated legal measures for the suppression of infanticide, suttee and the burning of lepers; he achieved the first translation of the Bible into Hindu dialects; gave to India the first printing press on an organized scale, the first paper mill and steam engine, the first savings bank, the first native Christian schools, the first attempt at medical missions. But in all that he did Carey, and the men who followed him, sought primarily to give the heathen people the light of the knowledge of the glory of God, in the face of Jesus Christ. They did not labor in the name of science or of philanthropy; these had their contribution to make, but the name of Christ was all and in all.

Nowhere was this more conspicuously illustrated than in medical mission work. The men who definitely developed the practise of bodily healing as an integral part of foreign missions, beginning with Dr. John Scudder in 1819, took their commission from Christ as their great Exemplar. As they went about exercising their power over unclean spirits and diseased bodies they preached

the gospel of His Kingdom and in so doing brought to tortured human beings release from the sin, so often the root of suffering. Their ideal has remained to this day, although it may suffer change in obedience to the spirit of our age.

Our age is materialistic. We were never so concerned, perhaps, for the good of our neighbor, but our thoughts fly little higher than his physical improvement. Bergson, the French philosopher, after describing the enormous advance in physical science in every department of human activity, which has marked the last fifty years, sounds a note of warning. Atrophy of our spiritual powers he foresees as inevitable if our material and practical development exceeds our growth in the life of the Spirit.

Another philosopher, unhappily anonymous, has said:

“We should beware lest harm come to our neighbor * * * through the contagion of an ideal of material comfort as the greatest earthly good; for even perfect physical well-being has its limitations as a solution of the problem of existence * * * Will the present sense that one’s neighbor should have similar clothing and similar modern conveniences to one’s own prove a lasting basis of human brotherhood? The love of one’s fellowman must be fed from deeper springs.

“We have need of profounder faith, and of more poignant fear than this age knows. I am not sure that all the physical benefits that could be imagined or enumerated for ourselves or for others could make up for the supreme loss in this shifting the attention, altering the whole emphasis of life in the innumerable ways in which the physical now obtains over the mental and spiritual. We look longingly back to our forefathers, who lived primarily in the spirit, with constant sense of spirit-values.”

The fathers, who “gave themselves unreservedly for this glorious cause” (to use Carey’s own words), placed supreme emphasis, we know, on the things of the Spirit. Today the Church at large seems hardly so much as to have heard whether there be any Holy Spirit. Accordingly the thought swiftly finds expression: Why should physicians in Christian lands concern themselves with the religious life of those to whom they minister? Why not labor simply in the name and for the sake of science and humanity? This question may be pressed home ere long with fresh emphasis.

At Cannes, France, in the Spring of 1919, at the Inter-allied Red Cross Conference, resolutions were passed proposing to extend the work of this magnificent organization so that it may “spread the light of human science and the warmth of human sympathy into every corner of the world, and shall invoke in behalf of the broadest humanity not alone the results of science but the daily efforts of men and women of every country, every religion and every race.”

This is a thrilling, an imposing program; not only is it inter-allied, but international, not only inter-denominational, but inter-religious,—a world's medical mission. We must rejoice to see this day and greet the project with a cheer; the only misgiving might be whether, the Christ motive being here omitted, the purpose is fed from springs deep enough to sustain in perpetuity the prodigious sacrifices connoted. For the call of the non-Christian world is not an emergency call; it is two thousand years old and older; its response must go out into an indefinite future. That world is starved over with hospitals, with asylums for the blind and deaf, and for lepers, and with native schools of medicine, all permanently established by the unwavering labor of Christian medical men and women sustained through their lifetime. It is not a light undertaking this, to cleanse and lift up the cankered and leprous races of the East, and only dedicated lives can suffice to carry out that undertaking through generation after generation. *There must be a sufficient dynamic.*

Some one remarked to a nurse in a smallpox hospital, "You must have a great enthusiasm for humanity to carry you through such work as this."

"Enthusiasm for humanity!" she exclaimed, "that would not keep us here an hour. It is the love of Christ that constrains us."

The crux of the matter is here: there are those among us who, hearing of the mighty work projected by the Red Cross, advocate handing over to these latest comers in the field, in due course, the enterprise of Christian medical missions. To these who come in the name of philanthropic and scientific activity, the men and women who have labored in the name and for the sake of the Great Physician may be asked to surrender their task. To do this would signify a crucial yielding to the spirit of the present, far-reaching in its effect upon the future. It would be the voice of Martha drowning out the voice of Martha's Master in one more realm of life.

But surely the privilege of serving as the Christian physician to the woes of the non-Christian world is one too high to forego, too sacred to renounce. Lowly love still claims its seat, as of old in the household at Bethany, and though we speak with the tongues of bacteriologists and ophthalmists, and have not love, we may become as sounding brass. The loudest voice is not sure to be the true voice. Mary's voice was not even heard. She sat at Jesus' feet and heard *His* word. "Now Jesus loved Martha and her sister," but it was not Martha, careful and troubled about many things, who received His recognition. Does not our age need above all other things to re-learn the practise of the presence of God?

Who's Who in Medical Missions

BY BELLE M. BRAIN, SCHENECTADY, NEW YORK

In recording the achievements of these medical missionaries, little is said about the spiritual side of their work. This is to avoid repetition. In every case the story is the same. The preaching of the Gospel was the supreme aim of these men and women, the healing of the body a means to this end. Their methods really vary but little. It is to be regretted that, owing to lack of space, the names of many medical missionaries whose achievements entitle them to mention have been omitted.

JOHAN THOMAS who went to India with Carey in 1793, designated as a "medical evangelist", was the first modern medical missionary. In 1800 he won Krishna Pal, the first trophy of medical missions and the first convert baptized by Carey, by preaching Christ to him while setting his broken arm.

THEODOSIUS VANDERKEMP, a Dutch physician who sailed for Cape Town in 1798 when over fifty, was the first medical missionary to Africa. He acquired great influence with the natives and opened the way for later missionaries.

DOCTOR JOHN SCUDDER, a New York physician who sailed for Ceylon in 1819, was the first medical missionary from America. He was besieged with patients wherever he went and his operations were regarded as miracles. Six of his sons and two of his grandchildren became medical missionaries.

DOCTOR ASAHIEL GRANT, who arrived at Urumia in 1835, was the first medical missionary to Persia. He acquired great influence and his fame spread far and wide. Patients came from long distances and it is said that even "haughty Mohammedan mullahs kissed the hem of his garments."

DOCTOR PETER PARKER was the first medical missionary to China. He founded the first hospital in China at Canton in 1835; treated 53,000 patients by his own hand; trained the first Chinese medical students; and did so much to disarm prejudice that he is said to have "opened China at the point of his surgeon's lancet." The Chinese Medical Missionary Society, first of its kind, was organized at Canton in 1838 to aid his work. The Edinburgh Medical Missionary Society, founded in 1841, resulted from a visit to Scotland.

MARCUS WHITMAN seems to have been the first medical missionary martyr. He was appointed missionary physician to Oregon in 1835, and made large use of his medical skill for the Indians and also for his associates in other stations of the mission. In 1847, he was murdered by the Indians at Wailatpu.

DOCTOR CORNELIUS VAN DYCK, who went from America to Beirut, Syria, in 1840, was equally famous for his medical work

and for his translations of the Arabic Bible and numerous scientific works. He was professor in the medical department of the Syrian Protestant College and held clinics at St. John's and St. George's hospitals. On his fiftieth anniversary the Greeks placed a marble bust of him in the court of St. George's which was the first bust erected in Syria in modern times.

DAVID LIVINGSTONE, who sailed from Scotland to South Africa in 1840, had expected to be a medical missionary to China. But his medical training proved of the highest value in Africa and it is doubtful whether he could have opened up the continent without it. According to Blaikie, "the entire cause of medical missions received a great impulse through him."

DOCTOR AZARIAH SMITH, who went out from America in 1842, was the first medical missionary to Turkey. He soon acquired great influence, especially as a cholera fighter. Wherever the disease appeared he appeared also, and throughout Asia Minor both Moslems and Christians blessed him for his help. "Dwight's Cholera Mixture" widely used in the United States in 1849 and "Hamlin's Cholera Mixture" famous later on, were both variations of his original prescription.

DOCTOR GEORGE E. POST, professor of surgery for almost half a century in Syrian Protestant College, Beirut, (1868-1909) ranked as the greatest surgeon of his day in the Orient. He is said to have performed more major operations than any other medical missionary. He was decorated by many governments.

DOCTOR JAMES CURTIS HEPBURN was the first medical missionary to Japan (1859-1892) and opened the first dispensary. His skill as a physician did much toward breaking down opposition to foreigners. He was also eminent as a lexicographer and translator and on his ninetieth birthday was decorated by the emperor with the "Imperial Order of the Rising Sun."

DOCTOR CLARA SWAIN, who was sent to India in 1869 by the Woman's Missionary Society of the Methodist Church, was the first woman medical missionary. In January, 1874, she opened at Bareilly the first hospital for women in heathen lands. Her success in disarming suspicion, opening zenanas and training native girls in medicine was so great that women physicians were soon sent to every land.

DOCTOR FANNIE JANE BUTLER, who went to India in 1880, was the first English woman medical missionary. In 1888 she was sent to Shrinagar, Kashmir, where Isabella Bird Bishop, the famous traveler, saw her work and was so much impressed with it that she gave money to her for a hospital for women.

DOCTOR HORACE N. ALLEN was the first regularly appointed missionary to Korea (1884). His medical skill opened the way

for the Gospel and he gained great prestige by saving the life of the King's nephew when the native doctors were trying to staunch the flow of blood by pouring melted wax into the wounds.

DOCTOR MARY PIERSON EDDY, who was born in Syria of American missionary parentage, was granted in 1893, after a medical course in America, the first permit ever issued by the Turkish government to a woman to practice medicine and surgery. In 1908 she opened, near Beirut, the first sanitarium for tubercular patients in the Ottoman Empire.

DOCTOR JOHN G. KERR was head of the hospital founded by Peter Parker at Canton from 1873 to 1899. Under his supervision 700,000 patients were treated; 48,000 operations were performed; and 150 Chinese students were trained in medicine. He published in Chinese 32 volumes on medicine and surgery, and opened the only insane asylum in China.

DOCTOR SAMUEL R. HOUSE, an American missionary, rendered heroic service in Bangkok during the epidemics of cholera in 1849 and smallpox in 1857. He was frequently honored by the Royal House of Siam and was appointed physician to the king.

DOCTOR DUGALD CHRISTIE, a Scotch missionary, founded in Manchuria more than 30 years ago a medical mission which has been a mighty power for Christianity. In 1911 he and his assistants saved Mukden, when the pneumonic plague was sweeping over Manchuria.

DOCTOR THEODORE LEIGHTON PENNELL, an English missionary, who died at Bannu in 1912, worked for nearly twenty years among the fierce hill tribes on the Afghan frontier. He made long tours in native dress often treating 200 cases in a day and robbers and brigands frequently came to his hospital at Bannu.

DOCTOR JOSEPH P. COCHRAN, founder of the Westminster Hospital, Urumia, was famous throughout Persia and the regions beyond. His influence was unlimited with all classes and creeds. During the Kurdish invasion of 1880 he saved Urumia and was twice decorated by the Shah.

DOCTOR WILFRED T. GRENFELL, of the mission to the Deep Sea Fishermen, ministers to the Labrador fisher-folk along 2,000 miles of bleak North Atlantic coast. Several hospitals have been established and in summer his hospital ship, *The Strathcona*, makes the rounds. He was decorated by Edward VII with the "Order of St. Michael and St. George."

HUDSON TAYLOR, founder of the China Inland Mission and director for forty years, found his medical training invaluable in winning the Chinese and in caring for the missionaries and native helpers in stations remote from a physician.

JOHN KENNETH MACKENZIE, who went out from England to China in 1874, won great favor for medical missions by curing

the wife of Li Hung Chang when the native doctors had given her up. A fine hospital was built for him at Tien-tsin with Chinese funds, and by official request he established the first government medical school in China. He was decorated with the "Star of the Order of the Double Dragon."

DOCTOR MARTHA SHELDON, an American missionary, spent twenty years at Bhot on the Tibetan border. Her fame spread far and wide and more than once she was able to make tours into the Forbidden Land. Many lamas came to her for treatment.

DOCTOR MARY FULTON, an American missionary who went out in 1885, developed at Canton, China, the great plant consisting of the David Gregg Hospital, the Hackett Medical School and the Julia M. Turner Training School for Nurses, which constitutes the largest medical work for women in China under one missionary. She has translated text-books on medicine and surgery which are used throughout China.

DOCTOR ELIZABETH REIFSNYDER, who arrived in China in 1884, and is now head of Margaret Williamson Hospital, Shanghai, has exerted tremendous influence through medical work. It is said that some of the tumors she has removed are the largest recorded in the practise of surgery. On her 25th anniversary in 1911 she reported 800,000 cases treated in the hospital.

DOCTOR FRED DOUGLAS SHEPARD and his wife, also a graduate physician, did a great work at Aintab, Turkey. Doctor Shepard was head of the Azariah Smith Memorial Hospital and professor in the medical department of Central Turkey College. Two of his students have attained distinction, one as the leading Armenian physician of Aintab, the other as the most skilful surgeon of Aleppo. In 1915 Doctor Shepard died of typhus fever.

DOCTOR ARTHUR FRAME JACKSON who went to Mukden, Manchuria in 1910 to assist Doctor Christie, died after only ten weeks on the field while fighting the pneumonic plague. His heroic work and tragic death made such an impression on the Chinese officials that after his death they called on his spirit to continue his beneficent work.

DOCTOR JACOB CHAMBERLAIN was trained in medicine as well as in theology. Besides treating the sick and performing countless operations at Madanapalle, his headquarters in India, he organized a well-equipped traveling dispensary which always went with him on his famous evangelistic tours. Chapter 9 of his book "In the Cobra's Den," shows how he combined medical and evangelistic work.

DOCTOR ROBERT LAWS of the Livingstonia Mission, Central Africa, declares that he has never regretted the self-denial it cost to add medical courses to his training. His medical skill has opened many doors, broken down many barriers, and given oppor-

tunity to preach the Gospel to thousands who would otherwise have been inaccessible.

DOCTOR EDITH BROWN is at the head of a medical school for women at Ludhiana, which draws students from all parts of Northern India. By providing special short courses for the hereditary *dhais* or mid-wives, the lives of many mothers and babes have already been saved and much suffering has been eliminated.

DOCTOR IDA SCUDDER, associate of DOCTOR LOUISA H. HART, in Mary Taber Schell Hospital, Vellore, India, has been appointed principal of the Interdenominational Woman's Medical College of South India, opened in 1918. She is a granddaughter of Doctor John Scudder, the first American medical missionary, and a daughter of the late Dr. John Scudder, Jr., Vellore.

DOCTOR CATHERINE L. MABIE, at Banza Manteke, Congoland, is a striking example of a doctor who can work wonders with poor equipment. In her "little tin hospital," a two-room building with walls and roof of corrugated iron, some difficult operations have been performed and crowds of black folk have been healed on her long cross country tours.

DOCTOR ELEANOR CHESTNUT did heroic work for ten years at Lien-chou, South China. Before the hospital was built she performed operations successfully in her bathroom. In 1905, she was murdered by a Chinese mob, her last act being to tear off a portion of her dress and bind up the bleeding head of a Chinese lad she noticed in the crowd.

DOCTOR W. J. WANLESS, head of the famous medical mission at Miraj, India, is one of the great surgeons of the day. Patients come to him from Africa, Persia, Arabia and all parts of south India. It is said that Miraj Hospital holds the record for successful cataract operations, 160 having been performed in succession without failure.

DOCTOR HU KING ENG, the "Miracle Lady," took a full course in medicine in America and returned to China in 1895. She is at the head of Woolston Memorial Hospital, Foochow, and is intensely loved and highly honored by her people.

DOCTOR MARY STONE, the famous Chinese woman physician, who received her degree at the University of Michigan, Ann Arbor, in 1896, is at the head of the Elizabeth Skelton Danforth Memorial Hospital at Kiu-kiang. She is a skilful surgeon, a leader in reform movements, and very successful in all her work.

DOCTOR ESTHER KIM PAK was the first Korean woman to study medicine. In 1900, after taking her degree in America, she became an assistant in the woman's hospital at Pyengyang and did notable work under Doctor Rosetta S. Hall until her death in 1910. In 1909 she was publicly honored and awarded a gold medal as one of the first two Korean women college graduates.



AN EXHIBIT TO SHOW INSECTS THAT CARRY DISEASE

Medical Missions and Disease Prevention

BY REGINALD M. ATWATER, M. D., COLORADO SPRINGS, COLO.

ON one occasion the Sultan of Turkey, imbued with a fleeting desire to improve the sanitary conditions of his people, required of the Governor of the Province of Damascus a report on the death rate in his province. Part of the report which was returned read as follows: "Since the memory of man, men have lived and men have died in this province. Some die young and some die old, only Allah knows how many have died and from what causes."

Epitomized in this statement we find much of the Oriental attitude toward the fundamental facts of community and national sanitation. To the average American it may well seem a stretch of reason to make collection of vital statistics regarding life, disease and death, an aspect of national sanitation. And yet we should have to begin with just such fundamentals to make an intelligent effort at public health measures. No part of provincial or national administration is so largely dependent on a knowledge

and recognition of carefully collected and interpreted facts as are the measures which relate to the individual and community health of the group concerned.

Success in this direction does not depend alone on the intelligence and cooperation of officials of the community. The Governor of Damascus might even have been a graduate in sanitary science and perfectly aware of the significance of the death rate without advantage to the province. Since public sanitation is merely personal hygiene applied to the larger number, the success of our efforts will depend in no small way on the intelligence of the man in the street. If he has no more concern in such fundamental facts of public health than he has, for instance, in American fashions, he will be of little use in a well organized effort to promote healthful living. Epitomized in this report of the governor we find ignorance of the prime essentials, and we see the utmost importance of education if the civilization in these lands is to be at its best physically.

But what has this to do with medical missions? Just this: in the past, medical missionaries have of necessity concerned themselves so largely with the alleviation and cure of disease that time, money and effort have not been available for a large scale prevention of disease. In the past the missionaries who have contributed so much and so untiringly to the betterment of the bodies of men as well as to the redemption of their souls would have been unfaithful to their responsibility had they not given all they had to relieve the appalling need about them. In these days of applied statesmanship in the missionary enterprise it is quite natural that we should begin plans for a comprehensive campaign of prevention of the disease we have labored so long to arrest and cure. The time has come when missionary equipment justifies this new emphasis. Will not the net result of our ministry of healing be greater and more satisfactory if we spend more effort in the anticipation and prevention of disease?

Medical missionary effort in the past has contributed much of great value to the present situation. Had it not been for that which the pioneers have done in the past hundred years we should be unable now to organize any plans for the control and prevention of disease. It is this background on which we must build a system of education of the public in health, hygiene and sanitation, collection of statistics of birth, death and disease, organization of quarantine when epidemic disease occurs, construction of sanitary water supplies and sewage systems and a host of other measures calculated to prolong life and make disease less frequent.

Nor are we to think that nothing has been done in this direction until now. Campaigns of considerable magnitude have

been conducted among the Chinese for the promotion of public health. This has been organized by men of vision and men of training in this medical specialty and the results have been very favorably commended by impartial observers. From these we may estimate the relative importance of this sort of work.

In a campaign in a city for good health conditions it is obvious that our efforts depend for their success in large measure on the cooperation of our neighbors. Precisely so in the community of nations our own efforts toward improving sanitary conditions in America are qualified by the help our neighbor nations give us. Though we have by desperate means succeeded several times in stamping out cases of the plague, as it has occurred in our western and southern ports, the fact that our Asiatic neighbors still have endemic sources of the disease makes it necessary to uphold a rigid quarantine. This quarantine must be upheld against ships that might be conveyors of the disease and extensive and expensive precautions must be taken against rats, squirrels and fleas through which the disease is kept alive.

The countries we usually speak of as non-Christian are the countries which form the great reservoirs of epidemic disease—as in plague, cholera, yellow fever, malaria, typhus fever, small pox and the parasitic intestinal diseases. So our efforts toward control of these diseases are not limited in their benefits to the countries where the efforts are put forth, but all the world is directly benefited by the elimination of chances of infection in each of these diseases.

Take for instance the plague. There have been for ages four centers where the fire of plague has smouldered, occasionally breaking forth in great conflagrations. One center is on the eastern slope of the Himalayas from which the great Hongkong epidemic in 1894 came. The western slope of these same mountains has another center, probably connected with the first. This was the source of the Bombay epidemic in 1896 and the disease is still left in Bombay. The third source of plague exists from about the center of Arabia to Mesopotamia. From this area the Black Sea and Persia were infected. The fourth great endemic area is in the interior of Africa, near the source of the White Nile in Uganda. Each center is the very heart of a non-Christian country. The havoc wrought by plague is hardly to be comprehended in complacent America. Its inroads in India alone since 1892 have been terrible. In 1907 over one million persons died of plague in that country. In the winter of 1910-11 one of the most virulent epidemics of modern times occurred in Manchuria, the mortality being over 90 per cent of those sick with the disease.

Carefully planned preventive measures organized and backed adequately have demonstrated the possibility of exterminating

plague in these very countries where it is most common. The efforts of the United States against plague in Manila have been so successful that plague has disappeared in that city. There is no good reason why we might not apply similar methods of proved success in these smouldering centers and save untold and uncounted deaths in the future from a preventable disease.

Smallpox is a disease against which sanitation—that is improved living conditions—has no power at all, but against which, fortunately, we have an almost perfect preventive measure. The present century in America has no concept of the ravages of this disease which occurred here a hundred or more years ago. Reliable data available indicates that during twenty-five years of the eighteenth century, fifteen million persons died of the disease. Campaigns for education of the public, where smallpox is still a menace, in the effectiveness of vaccination can be conducted at a fraction of the cost of the ravages of the disease in one year.

Facts recently adduced by a missionary in China show that the various boards operating in China alone have lost in recent years from disability and death caused by typhoid fever and smallpox among the missionaries themselves, a total of no less than \$200,000, considering the original investment in the training of the missionaries. Smallpox and typhoid fever are essentially preventable diseases. Two hundred dollars worth of the appropriate vaccines would have reduced this loss to practically zero.

Beyond and above these, a very great opportunity opens in expansion of our work to prevent infant mortality, infant blindness and the early acquiring of chronic disease. There are untouched fields of opportunity in tuberculosis, which we have always with us, in leprosy—again particularly common in non-Christian lands—in typhoid fever and typhus fever, in dysentery and the acute infections of childhood: in all these the application of modern methods is sorely needed to relieve in a measure the overwhelming load on the hospital equipment and the medical staffs.

After all, if we live up to the tremendous opportunities in preventive measures ahead of us, we may find that experience gained abroad may be most useful here at home in combating some of these universal diseases, and this bread that we cast upon the waters will not fail to return to us in due season. Even from merely selfish motives we ought to go into this new work with a powerful emphasis. We have, to be sure, motives higher than selfish interest. We rely on the background of the past with great faith in the future if we should be found faithful to our new obligation and opportunity—that all the world may indeed have Life more abundantly.



HOW THE NEW CHAULMUGRA OIL TREATMENT HELPS THE LEPERS
A series of pictures of a Japanese leper taken at various periods during eight years
treatment

Ridding the World of Leprosy

BY MRS. WM. M. DANNER, NEW YORK

“**T**HERE are a good many charitable works in the world, but caring for lepers is the greatest,” said the Japanese Governor of North Sang Province in Chosen, when he was a guest at the opening of the Taiku Leper Home.

“Accustomed to look for an ulterior motive in the apparently philanthropic deeds of neighbors, the Oriental,” says Dr. McKean of Siam, “is forced to admit some cause that he cannot explain when he sees missionaries at work for lepers.”

Leprosy is the most ancient disease recorded in history. It is mentioned in an Egyptian papyrus dated over six thousand years ago. It is a disease “sui generis” not originated by food, climate or unsanitary conditions, though these factors may predispose. While leprosy abounds chiefly in Oriental lands, every country has its quota. Experts estimate at least two million lepers in the world, and of this number India has the largest proportion. Southern China is seriously stricken, having probably 200,000. Japan, according to statistics, had 40,000 ten years ago. In Africa a sinister band surrounds the continent, broken possibly at two points on the west coast. Madagascar is affected with leprosy to a serious extent; Cape Colony deports its worst cases to Robben Island. The disease is also found in Iceland, Lapland and along the Russian border of the Baltic. Whole islands in the South Seas are severely affected, and South America has endemic foci. In the Philippines there are over 5,000 known cases. The first case reported in Hawaii was in 1850, but there are only 700 lepers now on Molokai and in the Receiving Station at Honolulu. The United States has five hundred or more lepers scattered through at least nineteen states. Large numbers are also found in Canada and Mexico.

Here is a problem in world sanitation as well as in evangelization. It should be worked out for humanitarian, and economic as well as for Scriptural reasons. In the balance is not only intense physical suffering but menace to the healthful community. The leper should have proper care from the standpoint of public health and because of the protection such care affords. The problem has been more definite since Hansen discovered the bacillus of leprosy in 1874, and although no cure was known it was found that ointments, baths, medicines and comfortable surroundings alleviated suffering. Numerous serums and vaccines were tried but the results were negative. More encouraging results have come from experiments with chaulmugra oil, first made by Dr. Victor G. Heiser in the Philippines. This oil is an indirect product of a tropical tree growing wild in India and Burma, and now cultivated in Siam and the Philippines. Its fruit, something like grapefruit, has large seeds from which the oil is extracted. This is an ancient remedy which few stomachs could long endure. Under the new formulae, mixed with resorcin and camphor, given hypodermically, the systematic use of chaulmugra oil sometimes stays the disease. In many parts of the world, negative cases are discharged, on parole. This does not prove that a cure has been found, but is encouraging.

Sir Leonard Roger, M. D., of Calcutta, has given new impetus to the treatment by the use of gynocardate of sodium, one of the products of chaulmugra oil. The percentage of failures in his cases is very small. In Honolulu specialists in research are at work and are attaining practical results. But a doctor remarks, "One cannot be sure that a case of leprosy is cured, unless a complete post mortem examination determines the point."

Governments have been dealing with the medical phase of the problem. Five hundred years ago there were 21,000 leper asylums large and small in Europe. In Great Britain alone there were 112, and in France 2,000. Stringent laws resulted in the disappearance of leprosy there and sporadic cases that appear today are traced to eastern origin.

Great encouragement has been given to the campaign to stamp out leprosy by the effective policy of the United States in Hawaii and the Philippines. Molokai, the oldest leper colony under the Stars and Stripes, occupies only one peninsula of this noted fishing and hunting resort, and in thirteen years the number of patients has been reduced by half. In the Philippines the government a few years ago segregated 9,000 lepers on Culion Island and today only 5,000 remain. In the United States two state homes have been established—one, fifty-seven miles north of New Orleans, where 105 patients are cared for, the other on Penikese Island, Massachusetts, where there are only eleven patients, and

these imported. Harvard School of Tropical Medicine maintains a laboratory there. Because of the "Leprophobia" in communities where the disease has been found and because of the cruel treatment of such cases the need for a National Leprosarium has come to be realized, for which the Mission to Lepers started a movement to secure \$250,000 appropriation. A site has now been selected and work will be begun as soon as the title is acquired. Here the Public Health Service will provide food, clothing and housing for all persons afflicted with leprosy under Federal control. The necessity for such a home has been recently emphasized by the return from France of two of our soldiers suffering from this disease.

Japan has six government asylums, by-products of Christianity, caring for about 2,000 pauper lepers and officials have under consideration a program of segregation by provinces.

Siam is entering upon a campaign. The government has appropriated 10,000 ticals (\$4,000) toward leper hospital work at Chiangmai and a commission is appointed to deal with the question of nation wide segregation.

China, instead of shooting and burning these outcasts as formerly, now has some signs of awakening. In Canton District \$3.00 a month mex. each is appropriated from Government funds for some 900 lepers.

The Chosen Government has made a proposition to the missionary doctors, under a cooperative plan to help care for Korean leper patients.

India is alert and the government has made a grant, providing needed funds to give medical treatment to all patients now residing in the leper hospitals in India. The Mission to Lepers has called an All India Conference for Calcutta to plan concerted action among agencies at work.

The Christian's program for a whole work for the whole man was made by the Master in Matthew, 10th chapter, 8th verse: Confronted with their condition, our Lord said, "Cleanse the lepers." The churches are doing this through their missionaries and through the agency of "The Mission to Lepers." Twelve American and eighteen European foreign missionary societies unite in giving service at 92 stations and 30 homes for untainted children of lepers throughout the world. Here is an opportunity and a responsibility for Christians to support this work.

The first object of the mission is to preach the Gospel to the lepers. But where there is such physical suffering, and so many homeless outcasts, relief must be given before Gospel teaching. Concrete religion is applied with the lotions, salves and antiseptic bandages. Shelter is provided, then they are told of the Christian's "Shelter in the time of storm." As clean clothes are given, the need of being clothed with Christ's righteousness is explained.



CHINESE LEPERS IN A CHRISTIAN LEPPER ASYLUM (NOTE THE BLIND ORGANIST)

To assume the responsibility of supporting thousands of lepers is no light task. Those adopted are at once given a particular task to perform. Some are trained to aid in the dispensary and in the nursing. Such helpers are laughingly called "oil kings." In one colony forty leper nurses give full time to this work, receiving one dollar and a half per month for the service, but even so there is competition for these positions.

Educational advantages are given those who wish to learn to read and write. Often such patients spend much of their time in reading to their uneducated companions. Debating societies prosper. Games are not forgotten; relay, water and sack races show that these folks have real human joys. One young patient is a jolly "sleight of hand" performer.

The crowning result is spiritual. To take Christ to the leper is a necessity, if we would "Go into all the world and preach the Gospel to every creature." A suggestive name is "The Complete Life Hospital," another "Garden of Comfort." Churches and Sunday-schools are organized, song and prayer services are held daily, Bible study and Scripture memorizing are encouraged. Native Bible women, catechists and ministers are selected from among the patients and trained for leadership. It is remarkable how the lepers respond to the Gospel story. In some Asylums every patient entering has been led to Christ. Nearly six thousand lepers are now baptized Christians and their desire to be of service is evidenced by changed lives and gifts made through self-denial in the use of their food allowance or the few cents they can earn.

Dr. McKean, Superintendent of the hospital for lepers in Northern Siam, believes, as do other missionaries, that the best results spiritually have come to their general mission work *only* since the asylum for lepers was established; he points out as the cause, a proper response by the Church to the command, "Cleanse the lepers," so long neglected.

Bishop F. W. Warne, of the Methodist Episcopal Church, Lucknow, India, after seeing leper homes at Asansol, Chandag, Pithoragarh, Roorkie and elsewhere, says, "The most encouraging feature is the fact that practically all the lepers who enter the asylums become earnest Christians. The chief way in which they cooperate in the work of the evangelization of India is by forming themselves into intercessory prayer bands. There has been a revival among our people in India, in which the people of the Leper Homes have shared." A missionary adds, "The work among the lepers is a corner stone of the mass movement."

To rid the world of leprosy is the ultimate object of the Mission to Lepers. Complete segregation of the leper will accomplish this, owing to the fact that the disease is not hereditary. "Ridding the world of leprosy" will be accomplished when all nations unite in the world segregation program.

A new World Survey is under way. Blanks are prepared to



UNCARED FOR LEPERS IN SOUTH CHINA

send to every regional leader for information. The "cleansing of the leper" will be included in the world task of the whole church.

The Mission to Lepers is international and interdenominational and therefore appeals for the loyal support of every American citizen. In order to fulfill the Great Command of our Lord, every pastor can preach on this opportunity, every Sabbath School teacher can tell his pupils, every Young People's Society can hold a Leper Mission meeting, every church can have a day of prayer for lepers, every community can enlist interest and everyone can include the leper in his benevolence. On special anniversaries the "Daily Bread" League members provide the food for some leper hospital, for the day.

The Mission to Lepers is making what Dr. Mott calls "the most practical demonstration of the Christian religion," for its hospitals are living witnesses for Christ. Dr. Bruce S. Wright felt this when at Culion he said, "In the afternoon, just before we left, I stood outside the Protestant Chapel. One hundred or more lepers were gathered within—the happiest, cleanest, most intelligent group that I saw—singing and listening to talks by Mr. Danner, Dr. Rader and Dr. Rodgers. As the service was dismissed a shower passed. One of the lepers, as he came out, touched my hand. But I was not afraid. I looked out over the bay; there I beheld the clearest, most wonderful rainbow I have ever seen, rising, it seemed, straight out of the quiet water. I said to myself, 'Yes, Christ has given to the lepers of the world the colorful rainbow. They see a different world from what their fathers saw. The rainbow has at last been put in their sky, and rises straight out of the broad, deep waters of a Christianized human sympathy.' To whom shall the credit be given for the changed attitude toward the leper? To Christ, of course. How slow we have been in coming to Jesus' mind in this matter. Two thousand years ago, He did what we are only beginning to do. Jesus put the rainbow in the lepers' sky."

[Send to Mr. W. M. Danner, American Secretary the Mission to Lepers, 156 Fifth Avenue, New York, for literature and other information on this subject. The Mission to Lepers, which co-operates with 33 societies and denominations is conducting work in 92 asylums and stations and needs at least \$200,000 a year from American Christians to care for these sufferers.]



SIGNS USED BY CHINESE TO KEEP PLAGUE AWAY

An Organized Fight Against Death

BY DR. GUY W. HAMILTON, SHUNTEFU, CHINA
Physician in Charge of the Hugh O'Neill Memorial Hospital

THE characterization of China as the "Land of Sorrows" seems peculiarly appropriate in view of the recurring visitations of flood, famine, plague and civil war which, like a vicious Circe, have attended the course of the young Republic during the past six years. Attracted by the prospect of immediate gain, and unmindful of the certain consequences of such a course, the Chinese have, for generations, persisted in the deforestation of the hills, with direful results. Without the natural barrier of trees, the torrential rains in the mountains become devastating floods in the plains, causing destruction of crops and the entire population of towns and villages, with the creation of wide-spread famine conditions and attendant pestilence.

Twice during the past ten years the deadliest of these pestilences, pneumonic plague, has assumed epidemic proportions and threatened to sweep the country.

By a grim coincidence both of these recrudescences of the disease synchronized with the Chinese New Year. At this season, it is customary for every Chinese to discontinue his usual occupation, and, regardless of distance or other difficulties, to return to the ancestral home, there to spend the great national festival with family and friends.

The demonstrated carrier of plague infection is the marmot,

a small, prolific, fur-bearing animal indigenous to Mongolia and the far north of China.

Thousands of Chinese from every province, attracted to these regions by the lucrative trade in furs, became active carriers of plague infection through intimate contact with the marmot. The situation was an alarming one. The New Year would mark the beginning of an exodus from the plague areas of these thousands of fur merchants on their long, overland journey to their homes. The certain results were more readily foreseen by the medical profession than by others of the foreign population in North China, and precautionary measures were immediately instituted.

The Minister of the Interior appealed directly to the missionary body, and although engaged to the full extent of their time and ability in the administration of their own mission hospitals, the missionary doctors in Chihli, Shansi and Shantung, responded to the call almost to a man.

It was early recognized by the doctors that the first line of defense must be at the mountain passes where the home-going multitudes would emerge upon the plain. Failure to command these places of ingress would inevitably result in the speedy infection of the native hostels situated at regular intervals along the caravan routes, and of all points served by the railway.

The doctors, when they enlisted in the work at the request of the Department of the Interior, with authority directly from the Peking Government, supposed the way to be clear to them. It was indeed a damper, therefore, to receive a rebuff from the military governor of the threatened province of Shansi, when they applied for cooperation in isolating the infected areas. His Excellency was the owner of stock in the railway which the proposed quarantine would temporarily close to traffic. He professed to be unconvinced that the heavy toll daily being exacted by the infection was due to plague, and produced native medicine men who testified that the cause of the epidemic was a temporary disturbance of equilibrium between the hot and cold vapors, which regulate all human bodily metabolisms.

Human life is held in light esteem in China, and the representations of the missionary doctors that the unrestricted traffic from the infected centers would result in a loss of life, such as the country had seldom witnessed, was unconvincing to the thousands of fur merchants behind the mountain passes, and waiting to journey to their homes. In the meantime, precious time was being wasted and each passing day witnessed an alarming accession of the epidemic. When the establishment of an effective quarantine seemed out of the question, a providential intervention changed the situation completely. The plague appeared in the household of the refractory Governor and carried off several members of his



A MISSIONARY PHYSICIAN GETTING SPECIMENS OF SPUTUM

body-guard. The sudden invasion of the grim reaper accomplished, in a few hours, what days of reasoning and persuasion had failed to do. Under less tragic circumstances, the panic of the Governor and entire entourage would have been ludicrous. As if to atone for previous indifference and antagonism, the Governor began to cooperate wholeheartedly.

The doctors, however, were not so optimistic as to consider the mere picketing of the Governor's soldiers at the mountain passes a solution of the quarantine difficulties. Money talks a variety of languages, and the average Chinese soldier is an easy mark for its blandishments. In order to provide against this unavoidable leak, the field force of plague workers was organized into units. Each unit was directed by a doctor, and comprised a laboratory contingent, a scouting band or patrol, and a burying squad.

The patrols constituted the eyes of the entire organization, scrutinizing every passenger on the road. Unless he passed muster, the traveler was placed in a detention camp, and kept under observation for from four to six days. Clear cases of plague, of which there were many, were conveyed to the isolation camps.

The doctor and his assistants secured immunity in the midst of these death-dealing influences only by the exercise of a labor-

ious and painstaking technique. The mistaken assumption that the epidemic was bubonic in type, where contact was necessary to infect, cost a number of doctors their lives. From that time there were no illusions among plague workers as to the deadly character of the infection. The personal equipment of each worker consisted of a complete suit of oilskins with hood, capable of enveloping every part of the wearer's body; top-boots reaching above the knees; surgeons' rubber gloves, and last but of first importance, a respirator composed of surgical gauze, to cover completely the nose and mouth.

The fully panoplied plague worker, mounted and ready for action, presented a striking resemblance to the notorious "Ku Klux" night-riders after the Civil War days in America. His appearance in a plague-stricken village often inspired more terror among women and children than did the presence of the plague itself. The treatment of plague by medicinal or other means is futile, though several native remedies advertised as specifics were eagerly purchased by the people.

The foreign doctor's sole reliance was prophylaxis, applied to the person of the living victim, the bodies of the dead, the infected houses and their contents, and to every one coming in contact with the infected individual or thing.

Sputa and blood were collected and sent to the laboratory section, to be reported on, and it was only after the incontestable verdict of the microscope, or culture-media had been received that disease or deaths in new centers were ascribed to plague infection. In some instances the entire population of villages and towns was annihilated, while again remarkable cases of natural or acquired immunity were brought to light. On the brick-built bed in one house were found four dead bodies, while the only surviving member of the family, a lad of eight years, sat beside the dead keeping lonely vigil. Another instance of absolute immunity was that of a beggar, who acquired a modest competence by hiring himself out as undertaker, in the caring for the bodies of plague victims. Afterward this beggar was fumigated, suitably clothed and used in the same capacity by the missionary doctors.

The dead bodies of plague victims were to be found everywhere along the trade-routes leading from the mountain passes. One unburied body might become a focus of infection for hundreds of persons journeying by the same route, hence the importance of searching out these bodies, and giving them appropriate burial.

The peculiar religious superstitions of the Chinese as regards the preparation and burying of the dead were a constant source of difficulty to the burying squad. To outwit the doctor and his undertakers, the family and friends of the deceased used many subterfuges. With the certain knowledge that a house concealed

the bodies of plague victims, it was frequently necessary for the squad to spend hours in discovering these. The cupboard where the family clothing and bedding were kept afforded a place of concealment; empty grain sacks were utilized for the same purpose, and in numerous instances, a body would be found secreted amid the shocks of fodder stored on the flat roof of the dwelling.

Treatment of the dead with quick-lime, and deep interment were not always proof against ghouls in the shape of hungry, half-starved dogs, with which the Mongolian desert is infested. Re-burying was often necessary and added greatly to the labor.

Hundreds of miles were traveled on horse or donkey-back, tens of thousands of houses and their inmates inspected, the dead interred, and the living admonished as to the best means of avoiding infection.

The problem of safeguarding the railways of the country from infection presented special difficulties. With reference to the line to which the infected territory was tributary, the doctors were unanimously agreed that it should be closed. In the case of the great Peking-Hankow trunk line connecting the north and south of China, the territory between Peking and Shunteh-fu, a distance of three hundred miles, was divided into four parts, with a missionary doctor superintending each section. Each train carried a hospital car capable of accommodating seven or eight patients. The doctor and his staff inspected every passenger at the railway station, before the individual was permitted to purchase a ticket. Suspects were detained for a period of time covering the incubation of the disease, usually four days. An isolation hospital was also provided for infected cases. In most instances these were old temples adapted for use. All outgoing and incoming trains were subject to inspection, and ordinarily the doctor's day began at five in the morning, and ended at nine in the evening. If plague developed at any point along the line, the station at that place was closed, and appropriate measures were adopted to control the infection.

During the fortnight while the infection was spreading with such alarming rapidity and the best efforts of the little band of workers seemed to check it not in the least, the anxiety of the foreign population of North China was intense. War news became of secondary interest, and the press daily carried plague intelligence on their most conspicuous pages. A feeling of relief, comparable to that experienced at the news of the armistice, marked the first report of the beginning subsidence of the infection.

IN TIME OF FLOOD AND FAMINE

Te American Red Cross, that beneficent agency whose activities are not circumscribed by nationality or class, but are coexistent

with human need the world over, came to the relief of the situation in North China during the floods and the famine that followed. The missionary doctor's contribution was the organization of a complete Red Cross hospital unit, capable of caring for the population of an entire camp. There was a central hospital with separate wards for men, women and children; a daily out-patient clinic, comparing in variety of pathological conditions attended with an average free clinic in a western city's slums. All who came to the camp entered by the fumigation and the soap and water route.

It was proved conclusively that the proverbial ounce of prevention is worth a pound of cure, for our wards escaped that dreaded visitation typhus or "starvation" fever, while our sister camps operated by the British were less fortunate.

The mere relating of a few of the outstanding features of this reclamation work does not convey an adequate impression of some of the problems in sanitation. Cleanliness and observance of the ordinary sanitary laws on the part of Chinese of the plebeian order were not to be expected, save under compulsion, and wilful and repeated violations of the rules were dealt with by the canceling of the offender's ration ticket. A mealless day had a remarkable corrective influence in these cases.

The medical staff were not compelled to demit their calling as Christian missionaries when they undertook this benevolent enterprise. While recognizing their paramount duty as clinicians to this great body of dependent humanity, the fact was never lost sight of that the claim was one which could not entirely be discharged when physical welfare was insured.

Many opportunities for Christian witness bearing at the time of dispensing, or lecturing on the elements of hygiene or sanitation to the children in the camp-school, were utilized. Also when an interpreter was needed in the commissary department, a splendid Christian fellow of education and tact was found for the position. Thus, while no stated meetings of Christian character were held, a wholesome, Christian atmosphere was made to pervade the camp, and Christian ideals were impressed in all the manifold points of contact with the people.

It may be added in closing that the missionary doctors derived no pecuniary advantage from this work. The opportunity of serving their adopted country in a large way constituted its own reward, though the Central Government has recently acknowledged its appreciation by granting each doctor engaged in the work the decoration of the sixth order. But beyond every other consideration has been the desire to merit in some measure the commendation of the Master—"Inasmuch as ye have done it unto the least of these my brethren, ye have done it unto me."

Equipment for the Medical Missionary

BY P. H. J. LERRIGO, M. D., BOSTON, MASS.

Candidate Secretary of the American Baptist Foreign Mission Society

ONLY in recent decades have we realized the emphasis which was placed upon the alleviation of physical suffering by Him "who went about doing good and healing all who were oppressed by the devil." For this reason the practise of medicine, in connection with missionary work has too often been a haphazard and inadequate procedure. The medical missionary has been the associate of the evangelist and not infrequently has the man who dealt exclusively with the soul been inclined to depreciate the work of the man who sought to heal the body.

There have, however, been many notable instances where the ability and desire to save men physically has coexisted with a divine earnestness for the salvation of men. Here it has been demonstrated that thorough-going efficiency on the part of the physician has doubled the power of his Christian message.

Within the past twenty years a great change has come in the practise of medicine and surgery in America, as well as abroad. The preparation required of the medical student, the teaching ability and equipment of medical colleges, the requirements of state boards for the practise of medicine, have all been scrutinized most critically and new standards have been set. A broader general culture, a larger technical ability, a familiarity with hospital methods, an alert following of current research, are all expected of the modern physician. The results of this new emphasis are apparent in achievements undreamed of in previous days.

It was inevitable that the work of medical missions should be vitally affected by the new movement. Vigorous, energetic young men, trained in the most advanced schools, and giving themselves to the practise of medicine on the mission field, could not be satisfied with anything less than the highest grade of work; and the results achieved by such men have gradually brought about a new attitude toward medicine and surgery as a part of the great missionary enterprise.

The leading foreign mission boards are now insisting that medical men whom they send abroad shall be graduates of class A schools, and that in addition to the regular courses of study they shall spend one or two years in hospital work. At times they are urged to make themselves proficient in one or more of the specialties. Under these circumstances the boards should consider themselves pledged to provide their men with the equipment wherewith to utilize their unusual training. To place a well trained medical man in an isolated situation in some foreign field,



OPERATING UNDER PRIMITIVE CONDITIONS IN AFRICA

where he is perchance the only educated physician in a territory extending for hundreds of miles, and among a population of a million or more, and then to deny him the tools of his profession, is to break faith with the man whose devotion has led him to bring an uniquely developed personality to the service of God. It is an economic waste of human skill, which in these days of world need amounts almost to a crime.

ANCIENT AND MODERN EQUIPMENT

The writer well remembers that when he first went abroad as a medical missionary, one of the secretaries was most solicitous that he should understand that his professional work would be of very secondary importance, and suggested that he would probably have to work for a long time with a pocket case of instruments and drugs. Youth and inexperience led him to undertake the work, even so, trusting the future for developments, but he would have been justified in flatly refusing to go out under such terms, if it had been possible for him to be more adequately equipped. In fairness to the mission boards, it should be said that for a decade or more, they have fully recognized the importance of adequately equipping the medical man, and where the means at their disposal has rendered it impossible to meet every need, no one has felt the deficiency more keenly than the officers of the boards.

Not only personal equipment has been inadequate, but the means have been lacking for taking care of those who are ill. In many cases there have been no hospitals. One medical missionary told of performing an abdominal operation and leaving

the patient under the shade of a tree. Many a skilled surgeon is today caring for serious cases in a meagre mat shed in China or under the straw roof of a little hovel in Africa. The conveniences of the operating room are generally wanting. The writer has operated on a dining table and used a buck saw to sever bones. Sometimes a little shed with a corrugated iron roof is the only available shelter from the tropical sun.

The microscope is indispensable to the physician in a tropical land, but the further equipment of a modern pathological and bacteriological laboratory, which does so much to augment the power of the lens, is often absent, and many a makeshift impairs the work of the otherwise skilful diagnostician and practitioner.

There is a serious phase of this matter of inadequate equipment which is often overlooked, and that is the reaction upon the physician himself. At first there is a whimsical sense of combined amusement and rebellion at the limitations of the case. But if the proper equipment is lacking for long, there comes a growing sense of disappointment, together with a progressive decline in the skilful sensitiveness which accompanies the continued use of instruments of precision. There is not only a failure to acquire the higher grades of dexterity which ought to come with growing



OPERATING ROOM OF A MODERN MISSION HOSPITAL

experience, but there may even be a loss of the skill already acquired, and the physician settles down into the rough and ready commonplaces of "rule of thumb" medicine.

One of the most encouraging phases of the present renewed interest in the foreign mission enterprise, is the very manifest determination to bring to a higher degree of efficiency its medical and hospital branches. The new surveys and campaigns now being outlined by the various denominations provide specifically for adequate equipment of dispensaries, hospitals, medical schools,



A PRIMITIVE STYLE "MEDICINE HOUSE" AND LITTLE TIN HOSPITAL IN THE CONGO

nurses' training schools and laboratories. The young men and women who are now responding to the calls to this branch of service may go forward in the confident assurance that they will not be called upon to suffer as have some of their predecessors for the physical means to make the most of their professional accomplishments.

In connection with the new financial campaigns, both denominational and interdenominational, men and women of wealth may well give consideration to the privilege of furnishing these self-denying young physicians and nurses with the first class, modern equipment needed. The trained powers and consecrated youth, which they are bringing to the task, should lead anyone to covet the opportunity to unleash these powers, and even to augment them by supplying the best kind of professional equipment available to insure their use and growth.

To such it may be of interest to know what is comprised in a modern hospital equipment, and the expense involved. The follow-

ing specifications and figures for a twenty-five bed hospital, have been furnished by one of the most prominent manufacturers of instruments and hospital furniture in America.

Operating room furniture

Including operating table, instrument stands and dressing table, solution and irrigator stands, instrument cabinets, stools, etc..... \$ 800.00

Sterilizing room equipment

Including sterilizers for instruments, dressings, water and utensils, also disinfectant and high pressure boiler..... \$ 5,800.00

Ward equipment (25 beds)

Including beds, mattresses, bedside tables, screens, dressing carriages, food carriages, chairs, nurse's desks, stretcher, etc. \$ 2,300.00

Dispensary equipment

Including examining and dressing tables, irrigators, chairs, stools, utensils, etc..... \$ 300.00

Total \$ 9,200.00

X-Ray Installation Complete, 10 KW

Including tubes for radiography and fluoroscopy, protective screens, fluoroscopic and radio-stereoscopic table, plate safe, developing tank, etc..... \$ 3,000.00

Equipment of Surgical Instruments..... 1,000.00

Sundry equipment, including rubber goods, glassware and steel porcelain 800.00

Laboratory equipment..... 500.00

Total \$14,500.00

To this should be added

Linen for wards, operating room, nurses, etc., including bed linen, blankets, pillows, towels, sheets, gowns, etc..... 1,000.00

Kitchen equipment, including stove, boiler, furniture, china, cutlery, utensils, etc..... 500.00

Grand total..... \$16,000.00

No attempt has been made to include the cost of the hospital building, as this would vary greatly according to the field where it is located. The figures range probably between fifteen thousand and thirty-five thousand dollars for a twenty-five bed hospital.

Nor has provision been made for the furnishing of nurses' dormitories and sitting rooms, as these would naturally be included in the nurses' home, which should be separate. The furnishing of private rooms has also been omitted, but in case these were added, further additions would be necessary to the general equipment. The plumbing, the office and reception room equipment, have been considered part of the building itself, and therefore omitted.

The relative cost would be much reduced by increasing the size of the hospital, as much of this equipment would not need to be duplicated in enlarging its capacity to fifty beds or even more.

The figures given may be considered by some at first glance somewhat high, but it should be borne in mind that an effort has been made to list *an adequate, modern, surgical equipment*. Modifications might be made, for example, by greatly enlarging the dispensary equipment to accommodate an extensive, out-patient



A MODERN MISSION HOSPITAL, IN CHINA IN PROCESS OF CONSTRUCTION

department. On the other hand the cost could be cut considerably by eliminating such items as a disinfector and high pressure boiler; this would reduce the sum by more than three thousand dollars.

It is safe to say that such equipment would rejoice the heart of any medical man undertaking missionary service; and would enable him to do work of a grade similar to that of any first class American hospital, so far as material equipment can contribute to this end.

Training Native Doctors and Nurses

BY O. R. AVISON, M. D., SEOUL, KOREA

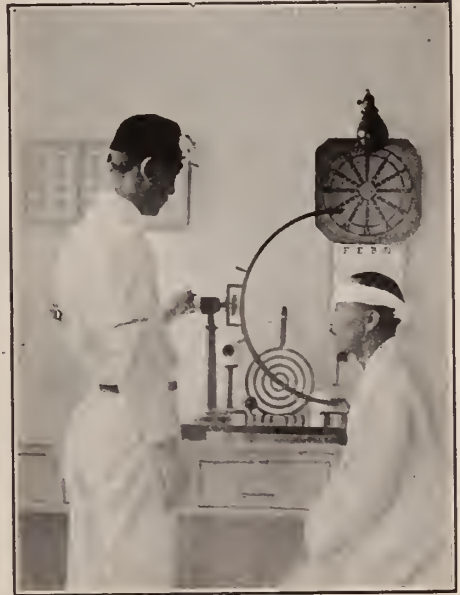
President of Severance Union Medical College and Chosen Christian College

AT the beginning of missionary effort the emphasis, and indeed practically the whole effort, must be put on Christianizing as many persons as possible. In this early stage, the medical energy must have two aims, to relieve as much suffering as possible and thus emphasize Christianity as a religion of love and service, and to attract as many people as possible to the newly preached religion.

But in due time the demand for the new kind of medical practice grows in volume, so that the missions cannot expect to provide a sufficient number of physicians and nurses from the homeland to meet it. Native physicians, nurses, dentists, pharmacists, opticians, must be trained in modern methods.

A second reason for establishing training schools for natives soon presents itself, namely, the advantage that will accrue to the churches and to society in general to have a large group of scientifically educated Christians occupying so many influential positions. They will give strength to the work, financial backing to the Church, and raise the whole standard of Christian and social thought. They will also become teachers in hygiene and sanitation, and so will greatly enhance the general physical and mental well-being of the whole people. What could better give the Church stability to meet the onslaught of "science falsely so called" than a goodly group of Christian men who, with a scientific education, stand firm in the faith?

When I first reached Seoul, in the summer of 1893, I saw on the hillsides outside of the city wall numerous straw tents, just large enough to hold one person, and on inquiry found that each contained a man or woman sick with fever. The Koreans were very much afraid of this particular kind of fever because of its



A KOREAN DOCTOR AT WORK

Dr. S. H. Hong, eye specialist, a graduate of of Severance Medical College, Seoul

contagious nature, and whenever a suspected case occurred in their homes, they moved the patient out on to the hillside and built such a shelter over him. He was fed by some members of the family who brought food daily to him, passing it to him in the tent. They had no way of preventing the spread of the disease, except by such a system of isolation, and no way of treating the cases successfully. On watching the cases, I was able to diagnose them as mainly typhus fever, relapsing fever, typhoid, etc., most of them being relapsing fever.

We have had many epidemics of relapsing fever since that time, and are having a very heavy one this year. But the difference in the treatment of the patients is very marked. These cases come to our dispensary every day and even our medical students can almost recognize them at sight. The diagnosis is now made by the Korean students by means of a microscope. They extract a drop of blood from the patient's ear, place it at once under a microscope and search for the little white spirilla; which can be found wriggling around in the blood, so that within fifteen minutes the diagnosis of relapsing fever can ordinarily be made. The patient is then put into the receiving ward, clothing removed and deloused, and his hair clipped short, after which he is bathed and put to bed, and an intravenous injection of the proper medicine given. All this may take one or two hours. About six hours after the injection of the medicine the patient's fever drops and convalescence sets in. All of this work can be done now even by our Korean medical students, as I have said, and so a large number of patients can be treated in each mission hospital, and not only in mission hospitals but by our graduates throughout the country. Had these men not been thus trained the number of patients treated would necessarily be small.

The transmission of this disease, as well as of typhus fever which is also epidemic here, is by means of bedbugs and body lice, and this fact, of course, is impressed upon all our medical students and nurses, so that as they go out to practice in all parts of the country this information is being spread to every hamlet and is leading to a determined effort to exterminate all sorts of vermin from the bodies and homes of the people.

Again, since this present epidemic began, several of our Korean doctors have come to me and suggested that they undertake an investigation to find out where all the patients were coming from and the conditions under which they were living.

These investigations have been carried on *by Korean physicians trained in our medical school*, and it is only through the medium of such trained men that the necessary knowledge concerning such matters can be spread throughout the country so as to bring any hope of eradicating such epidemics. Without such

trained natives, the small number of medical missionaries would not be able even to treat the patients who come to them, let alone thinking of much in the way of attempts to control the condition giving rise to the epidemic.

The graduates of our medical college are now scattered not only throughout Korea but are to be found in China, Manchuria and Siberia, and they are doing all kinds of surgery, even to the removal of abdominal tumors, so that men and women also in these places, far removed from the possibility of consulting foreign physicians, can now get relief through the men whom we have trained.

Dr. S. H. Hong, one of the first class of men whom we graduated, although he has never been anywhere else to study, is now doing all the eye work of our institution, including eye surgery and the fitting of spectacles, not only for our Korean patients but for practically all the foreigners in this country, to whom he gives very general satisfaction. He also teaches this branch to our medical students, so that the knowledge which we imparted to one man, he is now conveying to the whole body of medical students, who in their turn will be able to give relief to great numbers of people in this country who suffer from eye troubles or who need glasses. It would have been possible for us to treat only a very limited number of these cases, but through the training given to this man, which he is now passing on as mentioned above, there is an ever increasing chance that the majority of the cases in the country can be looked after.

Our skin clinic, and all the skin work of the hospital, is now under the direct charge of a Korean physician. He received his general medical education in America, but obtained his special education in skin diseases in Japan in addition to what we gave him here, and now he is conducting the largest clinic in our institution, so that every day some sixty skin cases are being relieved by him and his assistants, while the knowledge that he is in turn giving our medical students will bring relief to countless thousands who, but for our medical school, would have to continue to suffer.

But the medical school is not only educating young men; we have also a large class of young women who are being trained as nurses. A few years ago the nursing profession was entirely unknown in this country, and it has been found very difficult to secure even a limited number of nurses from the homelands, but the organization of our nursing school has already resulted in the preparation of more than fifty nurses for whose services there is a demand greater than can be supplied. Indeed, were it not for the development of these native nurses, our mission hospitals could not have continued to exist. Certainly the work of our medical graduates throughout the country would be impossible.

The Call for Missionary Nurses

BY T. DWIGHT SLOAN, M. D., NANKING, CHINA

NO MISSIONARY is so difficult to secure as a nurse. This is strange indeed in view of the unparalleled need and opportunity. There is scarcely a mission hospital in the foreign field that is not urgently asking for nurses. Strong, noble, Christian women are needed not only to nurse the patients but to dignify their profession in the eyes of the people, so that native nurses may be respected. Until this is brought about it will not be safe to trust young native nurses to go out among their own people. It is impossible to make our mission hospitals effective without a staff of trained nurses.

The University Hospital at Nanking, China, is supported by five cooperating missionary societies and a liberal annual grant from the China Medical Board. It has a training school for male nurses and contemplates opening a school for young women nurses. The hospital is the only general mission hospital in a city of 300,000 people and draws patients from a wide outlying district. Three years ago funds were provided for the support of three additional trained nurses, urgently needed. There was but one on the ground at that time and she carrying an almost impossible load. Appeals were sent out through the usual Mission Board channels and representatives in America have exerted themselves with the result that to date, three years since the appeal went out, but one of the three nurses required has been found.

In most cases the missionary nurse is a true pioneer. She has the joy of working out the adaptation of her training to the conditions which she meets. In many cases with the physician's help, the missionary nurse will undertake a training school and thus will multiply her usefulness. The fascination of teaching these young pupils to be clean, to be kind and to serve grows with the days. Moreover the instilling into their eager young minds the noble Christian ideals which should actuate the profession will have a determining effect on future generations of nurses.

Not only in the hospital but in the homes of the people the missionary nurse will find a tremendous opportunity for service. It would be impossible to exaggerate the horrors of the midwifery system in operation in most non-Christian countries. No one can do so much in overcoming this great cause of suffering and death to mothers and children as the missionary nurse.

There is today an imperative call to women of unselfish Christian spirit and thorough training who are willing to go as missionary



FIRST FILIPINO NURSES GRADUATED FROM THE MISSION HOSPITAL, ILOILO

nurses to put their shoulders under the heavy end of the load to help bear it for Jesus Christ.

There are in America today 700,000 graduate nurses, as compared with about 600 who have gone out to the mission fields. From the 70,000 nurses in training schools, last year not more than 50 went out under missionary societies to serve their suffering sisters in foreign lands. Surely the call has not been heard or it would be heeded.

Philanthropy Promoting Health in China

The China Medical Board of the Rockefeller Foundation

BY MR. ROGER S. GREENE, SHANGHAI, CHINA

Resident Director of the China Medical Board

THE Rockefeller Foundation was organized, under a charter granted by the State of New York in 1913, to promote the well-being of mankind throughout the world. During the great war a large part of its attention has been devoted to the administration of relief work, but most of its more or less permanent activities have been in the promotion of medical education, research and public health. The first department to be organized was the International Health Board, which carried on the campaign against the hookworm.

As Mr. Rockefeller and his associates had long been especially interested in the possibility of doing a useful work in China, the attention of the Foundation was early directed to that country. In the spring and summer of 1914, a commission headed by President Harry Pratt Judson of the University of Chicago was sent to China to investigate the medical situation there, and to report as to the desirability of entering that field. Upon receiving a favorable report from this commission the Foundation decided to undertake systematic operations in China for the promotion of modern medicine, in both the treatment and the prevention of disease, and for this purpose it organized as one of its departments the China Medical Board.

The Commission found a great deal of valuable medical work being done in China, particularly in the hospitals established by Christian missionary societies. The old fear and suspicion of the foreign medical man had almost entirely disappeared. Every missionary doctor had more work than he could do, and many had won the esteem and support of their constituencies to a wonderful degree. Medical schools had also been established by the Chinese Government, by the missions and other agencies, foreign and Chinese; but both schools and hospitals lacked the staff and equipment necessary to train really first class men, who would be prepared to take the lead in the development of medical science in their own country.

In these circumstances the most urgent need seemed to be for the establishment of *medical education* upon a sound basis, as the first step in any work looking to the improvement of health conditions in China; for it was obvious that unless highly qualified



A CHINESE CARTOON—SACRIFICING TO DEMONS IN BEHALF OF THE SICK

Chinese could be trained, no large and permanent results could be anticipated. Accordingly the China Medical Board adopted as the most important part of its program the founding of one or more medical schools, and the strengthening of certain others which had already been started. Since the purpose is to train men from whom will come leaders in teaching and research, it has been decided that the schools in the management of which the China Medical Board has a voice shall be of the highest possible standards, with faculties and equipment that shall not be inferior to those of good schools in the West. This makes it necessary that instruction be given through the medium of the English language, partly because of the lack of suitable textbooks and journals in Chinese, and partly because it is not possible to find a sufficient number of professors of high scientific attainments who have a thorough knowledge of Chinese, or who could acquire it without encroaching too much on the time needed for their professional work. Since teaching without constant investigation of scientific problems is dead, and could not be expected to produce a live, independent medical profession in China, it has been decided that the staff shall be given ample time and facilities for research work. An important part of the plan is to provide facilities for postgraduate study

by Chinese and foreign doctors, so that they may keep abreast of modern developments in medical science after they have completed their formal undergraduate course.

The second important branch of the work of the China Medical Board consists in the *strengthening of hospitals* in various parts of the country. While the opportunity to aid in the relief of some of the present sickness and suffering in China is welcomed, this part of the Board's activities also has an important educational significance. In the first place, aid given towards enlarging the staff of a hospital makes possible a higher degree of specialization, through division of the field of medicine and surgery between the doctors. It will also allow the staff to avail themselves of the opportunities offered for postgraduate study at the schools. Perhaps even more important is the provision in this manner of suitable places in which future graduates of the medical schools can work, with at least the minimum requirements in the way of staff, buildings and equipment, without which even the best trained doctor may be almost helpless. With this in view, aid is being given toward the securing of more nearly adequate nursing and toward the construction of new buildings and the purchase of equipment. In a few cases contributions are made towards the increased maintenance expenses that come with introduction of higher professional standards.

In connection with the development of schools and hospitals it was decided to offer a number of fellowships and scholarships to doctors and nurses, for advanced study abroad. This involves not only money grants, but to a certain extent assistance to the recipients in planning their course of study, and in securing for them admission to the hospitals and laboratories where they can get the facilities that they need.

The first step in working out the plan of medical education has been the re-organization of the Peking Union Medical College, an institution which had previously been maintained by six British and American missionary societies. The entire support was assumed by the China Medical Board, and a board of trustees was incorporated in which the Rockefeller Foundation and the missionary societies are represented.

A new plant is being constructed, consisting of four laboratory buildings, and a hospital of 225 beds, in which the clinical instruction of the last two years will be given. The cornerstone of the first laboratory was laid in 1917 by the Chinese Minister of Education, and this building is now ready for use. The whole plant will be completed by the end of 1920. On account of the lack of suitable preparatory courses in other institutions in China it has been necessary to establish at Peking, besides the medical school proper, a pre-medical school with a three year course, in which students

are given laboratory courses of college grade in chemistry, physics and biology, besides instruction in Chinese and foreign languages.

The Rockefeller Foundation has purchased a site in Shanghai for a second medical school, but owing to the war the carrying out of the plans for this institution has been postponed. Aid has been given to two medical schools in the control of which the Foundation has no share, the Shantung Christian University Medical School at Tsinan, and the Hunan-Yale Medical College at Changsha. The former is supported by a group of British and American missionary societies and is the result of the concentration in one place of interests that were formerly divided between four weak schools. This school is teaching in Chinese, and its supporters hope that it will play an important part in providing at once assistants for the numerous mission hospitals scattered throughout the country.

Up to the end of 1918 the China Medical Board had made appropriations to 31 mission hospitals, the payments for which will come to a total of \$676,889 spread over nine years. In spite of delays due to the war and unfavorable exchange, great improvements have already been made in many hospitals, particularly near Peking. In certain cases contributions from the China Medical Board were largely responsible for the changes, while in others the money was received mainly or altogether from other sources. Besides financial assistance, the representatives of the Board have aided in planning for the proposed improvements, and they have been able occasionally to induce young Chinese doctors to accept employment in mission hospitals at smaller salaries than they could secure outside, for the sake of the better working conditions to be obtained in them. When the organization of the medical schools is completed it is hoped that the schools will become increasingly useful to the missionary doctors in outlying points, not only by offering postgraduate instruction, but also by placing at the service of the medical profession their libraries and diagnostic facilities, and by providing for the treatment of difficult cases that cannot be conveniently received by the smaller hospitals.

The desire of the China Medical Board is to cooperate with all who are working for the development of modern medical science in China, and by no means to replace or embarrass the work which others are doing, for the task is far larger than any private body could hope to accomplish alone. It may be, however, that timely aid by foreign organizations at the present juncture, when the Chinese government and people are preoccupied with pressing economic and political problems, may hasten the time when China shall have a modern medical profession adequate to her needs, and shall be prepared herself to protect the health of her people.

Influence of Medical Missions in China

BY DR. ROBERT C. BEEBE, SHANGHAI, CHINA

Executive Secretary of the China Medical Missionary Association

MEDICAL mission work in China has had both a direct and an indirect influence. The direct benefit to the individual has been marked in bringing relief from disabling conditions, and in an indirect way has had an equally marked and positive effect on the community and finally on the whole nation.

During the early days of medical work in Nanking, when there was general and strong prejudice against the foreigner and all his works, a patient came to the hospital with cataract in both eyes that caused complete blindness. An operation restored sight and the patient went back to his friends, not only a happy man but a useful member of the community where before he had been a care and an expense. It needs no argument to show what effect this single event had on the attitude of the individual and the community. This is but one incident among thousands that have been reported by medical missionaries all over China. The continued effect has been to break down prejudice and to open many a door, not only to the Gospel which gave this work its impelling force and continuous life, but to western civilization, with its education, commerce and higher ideals of government.

Eighty-five years ago the first hospital was started on the border of a closed land. Almost two million square miles, with over three hundred million people, were wrapped in ignorance and manifested unfriendly opposition. After nine years, when five ports had been opened, a daring few essayed to penetrate these "regions beyond" and from that day to this with scant equipment, small staff—more often single handed—the medical missionary has entered every province, and at the risk of disaster and even death, he has done his beneficent service, with great patience, overcoming every discouragement. The influence of his work has penetrated and in a really marvelous way has caused the barriers to disappear, and has brought about a wonderful change in attitude and conditions among those who were once the most conservative people of the world.

The Chinese people have gradually come to understand that the medical missionaries were causing the blind to see, the lame to walk, the physically burdened to be free. They learned that mothers were saved in childbirth and that children were rescued from lifelong handicaps; the lepers, the incurably blind, the poor and helpless were also helped and cared for by the same friends



A HELPLESS CRIPPLE



A USEFUL WOMAN

THE CHANGE WROUGHT BY MODERN SCIENCE IN HANGCHOW HOSPITAL

from foreign lands. As the people and government recognized the beneficent character of this work, they began to assist, first by generous contributions, and then by opening government hospitals on western lines and by securing western trained Chinese surgeons for the army and navy. Now, nearly every provincial government has its western trained doctors, and both the army and the navy have their medical schools.

Other marked evidences of the influence of medical mission work is found in the widespread adoption by the Chinese of vaccination against smallpox, the adoption by a number of prominent Chinese cities of public health measures such as city sanitation, isolation hospitals and publication of official proclamations against unsanitary conditions. Foreign drugs, such as quinine against malaria, are increasingly used, and measures are more and more intelligently taken to prevent the spread of plague, cholera and other epidemics. The government supports a Plague Prevention Service, wholly staffed with Chinese physicians who have had western training. In some cases the effort is crude but in others it is efficiently managed. Every effort shows an advance toward better things and has in it the promise that one of the most backward nations in sanitation will one day be among the foremost.

Medical work has had a large share also in fighting the opium habit and traffic, the custom of footbinding and domestic slavery, and in calling attention to the dangers of unsanitary conditions usually surrounding childbirth.

The scientific nursing and care of the sick has come to China through the medical missionary, and its value is widely recognized; while young men and young women are being trained in mission hospitals throughout China for this Christ-like service.

For many years the only Red Cross service in China was rendered by medical missionaries who are still a large factor whenever any extended work is required. But China now has its Red Cross organization and is affiliated with the international organization.

The first attempt in China to care for the insane was started in Canton by a medical missionary. This is still conducted as a medical missionary enterprise, and is held in great favor by the government and people.

It was soon evident that medical missionaries, few in number, limited in equipment and funds, could not meet the demands that were overwhelming them; and recognizing that the work must eventually be taken up by the Chinese themselves, if the work was to become permanent and far reaching, in nearly all of the widely scattered hospitals some attempt was made to train helpers, and thus supplement the efforts of the medical missionary and increase his usefulness. Later, several hospitals combined or gave to one of their number this special work of preparing hospital assistants, or as the more ambitious called them, doctors. Finally there gradually came into existence some fifteen or more medical schools, connected with mission hospitals, which were devoting time and great energy to the instruction of medical students. None of these were adequately equipped. Often one foreign physician bore the burden in instruction which had to be extended over a long period of time, but out from this altruistic effort came a large number of young men with some skill, fair efficiency and higher ideals than had ever been given to Chinese young men and women before. These demonstrated their value and high worth in extending the work of medical missions as well as in gaining confidence and friends for western medicine, and the missionary enterprise that promoted it.

At the same time the medical missionary body recognized that with the limited resources at their command it would be impossible to give their students the thorough training that modern medicine demands, or to meet in any adequate way the demand for the incomplete training they had been giving. This led to concentration of effort in fewer schools, with higher standards and larger staffs of teachers. The Chinese themselves attempted to

meet the demands, but could do so only in a very unsatisfactory manner.

At this juncture, the Rockefeller Foundation sent two commissions to China to investigate conditions. Their final decision was that the work of medical missions in China should be strengthened, that the Foundation should undertake work in China that should be "a distinct contribution to missionary endeavor."

For the medical missionary who had toiled in faith and hope to overcome seemingly insurmountable obstacles, here was a vision to make his heart glad. That China is to have opportunities in modern medicine that shall stand in the front rank of the world is as marvelous as it is unprecedented.

The buildings for the Peking School will be completed probably within the present year. A faculty is being collected, among whom are several medical missionaries who have served a term in regular mission work. The world war has delayed this feature as well as the inauguration of the Shanghai School.

During 1917 over \$100,000 was given to aid mission medical schools in China. Nearly \$50,000 gold was given to mission hospitals in a dozen different centers and over \$45,000 was given to enable fifty-six individuals to go to the United States for study and training.

Fears have been expressed that in an institution of so highly technical a character, where so much attention will be given to thorough professional training, the religious aim and spirit will not have an opportunity to live and grow. This is a danger, and it besets every such institution under whatever auspices, whether at home or on the mission field. The great demand upon both teachers and pupils leaves little time for the things of the Spirit, and in this crowded hurrying world of today it is a danger that confronts the busy missionary doctor and teacher as well as the busy man of affairs at home. The Rockefeller Foundation has recognized this and is sending out as one of the staff of the Peking School a man who has demonstrated his efficiency as a religious worker, who will have no other duties than to work for the moral and religious welfare of the students. For this work a special building is being constructed that is to be an attractive religious center for the institution.

The spirit and atmosphere of every institution should be a matter of concern to all well wishers for mankind, and we must view with hope and confidence every effort to widen and perfect our knowledge and efficiency, believing it to be the fulfilment of the prayer to "Send forth Thy light and Thy truth."

Experiences of a Medical Missionary

BY PAUL W. HARRISON, M. D., BAHREIN, ARABIA

Missionary of the Reformed Church in America

“YES,” says the venerable patriarch, who might have posed for a picture of Abraham, “three months ago, I smelled a bad smell, and ever since I have had this pain in my knee. My own opinion is that it is wind on the knee, for I often have wind in my head, and it travels on occasion in various directions, and causes me much discomfort. I have been told by many doctors that my disposition is dry and hot. They told me to brand my skin on the left temple, and on the right ankle. I did so, but gained no benefit from it. Then I branded myself on the abdomen, for they say that such brands are very beneficial for those whose dispositions are hot and dry. The knee, however, is no better.”

Here the old man stops to get his breath, and the busy doctor hastily seizes the opportunity to ask a few questions and to examine the knee in question.

* * *

“How old are you?”

“God knows,” replies the Bedouin, much surprised at such a question. “Perhaps thirty or forty or fifty.”

“Or sixty or seventy or eighty,” suggests the doctor.

“Yes, possibly, God knows, but I do not want any medicine for myself. My mother has something the matter with her eyes.”

“Yes, where is she?”

“Oh, she—she is back in the desert.”

“Well, go bring her here.”

“Bring her! It is fifteen days’ journey. She has wind in her body, and various pains with some swelling in her feet. One of her eyes is white too, and her back pains her extremely. At night she cannot see well.”

“No,” says the doctor, “I am sorry, but it is quite impossible. We cannot treat people that way.”

“Have pity on her, for I am your brother,” says the Bedouin, “and give me some medicine for her.” The doctor, however, is quite immovable.

* * *

But if ignorance is bad, dirt is worse.

The Bedouin has some excuse. He cannot take a bath, for all the water he knows of is needed for internal use. The town Arabs are even worse than the Bedouins. If ever the dirtiest things in this world are collected, I am sure that in the collection

there will be the head of a Bedouin, the clothes of an Oman Arab, and the house of a town Arab.

* * *

But the Arabs are cheerful, no matter how hard their luck is, and their confidence in the doctor is wonderful.

Their loyalty to each other is magnificent. Little boys take care of their fathers in a way that brings tears to the doctor's eyes. I remember one little Persian of perhaps six years who took care of his father, a hopcless nephritic. The little chap kept his father clean, arranged his bed, and served him in every way possible, with as fine a filial devotion as I ever hope to see. He cheered him up when the sick man was discouraged. A word, and he was up and hard at work in the middle of the night. The last night he realized that things were not going as they should, and he went off through the strange city, in the middle of the night, to bring the sick man's relatives. The loyal little fellow's grief, when his father died, was beyond measure. He could not understand a word of Arabic, but he had learned to look on the doctor as his friend, and he came to him and cried, and the doctor's eyes were not altogether dry then, either.

* * *

Once, I saw a student who explained that he hoped to be a medical missionary, because, as he did not expect to be a first-class doctor at home, he wanted a place where a man of his size would fit. That man mistook the place.

Here is a patient with a history of some fever, an enormous spleen, and marked anemia, but he has not malaria. He has spleno-myclogenous leukmia.

That big basket that they have just brought into the yard on a donkey has a desperately sick man in it—some acute abdominal condition, which requires immediate operation. Your best guess is perforated gastric ulcer, but you feel foolish on opening the abdomen to find that it is acute volvulus. That is to say, you feel foolish afterwards. For an hour and a half you are too busy to feel foolish, as you hunt for the location of the trouble, and finally correct it, making in the process an abdominal incision such as you never saw in all your hospital experience in America.

That other man has an enlarged prostate, and you recommend certain preliminary treatment, with an eventual operation. But he is a desperate risk. His bladder has been up above his umbilicus for months, and you are a little relieved when they demand medicine and flatly refuse all other treatment.

The man behind him has a hernia which reaches down to his knees. You scratch your head and speculate on the capacity of the abdomen above, and remember that cases of that type, even at home, run a mortality of perhaps thirty-three per cent.

No one morning brings such an array of cases, but those mentioned were some of the more or less special cases of perhaps two months' time.

The Mason Memorial Hospital in Bahrein, on the Persian Gulf, was built for about thirty-five patients, but we have demonstrated that its capacity is at least seventy-five. When men lie on the floor a small hospital will accommodate a good many people. I amuse myself sometimes by imagining the meditations of the hospital superintendent in America, during my internship days, if she could see our men's ward. In a general way the patients occupy the beds if there are any vacant, and their friends who like to stay near them sleep on the floor, frequently under the bed. Bedouins may put up their black hair-cloth tent in the big back yard, thus providing a private ward on short notice. They bring their little charcoal burners, and their coffee pots, and their rice kettles, so that the ward looks like a Bedouin encampment. Indeed that is just what it is. In the morning, when it has been carefully swept out, it assumes quite a neat appearance, but such an abnormal condition does not last a great while, and long before noon, it has such an appearance as would make orderly western hair stand upright. The patients, though, are well cared for. Most of the hospital assistants cannot read or write, but they learn to be very skilful in caring for the sick; and as the patient's friends are there with him, he gets just the sort of care he is accustomed to. Other things being equal, this is the best thing for him.

* * *

Such is medical practise in the hospital, but compared to the experiences of touring, it is refined civilization. The only pullmans that we have in Arabia are camels, and frequently some camel in the caravan is quite a dangerous neighbor. On our last trip to Riadh one camel was loaded with long iron pipes, and his wandering propensities made him a public menace. It was not safe to get within yards of that animal, for if he turned suddenly to bite off a savory bit of camel thorn, those pipes would sweep the landscape in a terrifying way. He had a habit, too, of coming up behind one's camel, just when you were taking a nap. You would be awakened by the startling apparition of these dangerously vibrating pipe ends coming up alongside, and missing your back by a quarter of an inch or so, according to your startled imagination. The trouble is they do not always miss you, even by a quarter of an inch.

Once arrived, we realized how unpopular a human being can be, for Riadh is the center of orthodox Mohammedanism, and why a man should sacrifice his soul to get his body patched up, is more than many of them can see. Work was light, especially at first, but not free from enlivening incidents.

All medical work on such a tour must be done in a native house, open to everybody. The crowd that witnesses your operations surpasses that of any professor of surgery in New York. The courtyard is jammed with people, often hundreds of them. It is trying on the nerves, but in a strange and hostile city secrecy means suspicion, and it is important to avoid it. In Hassa we performed fifty major operations in two weeks, and those fifty operations practically opened the city. There are many handicaps when work is done in that way. We also killed flies with arsenic solutions till the whole place seemed filled with dead and dessicated insects, and the well in the courtyard could hardly be used, it was so full of dead flies.

* * *

We work and pray that medical service may bring Christ to these men. The hospital in-patients are the best field that we have for the message of the Gospel. The aim is to work with each patient personally every day, and keep an accurate record of his reaction to the Christian message, and of its effect upon him. From such records we try to decide what aspects of the Gospel appeal most to the Arab mind. Just now we are trying out a new idea. Instead of going over different ground each day, some simple presentation of the Gospel is taken, like the parable of the Good Shepherd, and the same ground is gone over every day for the patient's entire stay. Experience has shown that the elements of the Gospel are very difficult for the Arab to grasp, soaked as he is in Mohammedanism, and we are hoping in this way to secure better results. The tours into the interior offer a unique evangelistic opportunity. On the Oman coast, where no missionary had been for ten years, an Arab came for special Christian instruction. There is spiritual thirst in those desert cities, and in the wild Bedouin tribes.

The need for more medical workers in Arabia is great. For the whole peninsula, (including Baghdad), there are only five men physicians and two women doctors—or one medical missionary to about one million people. These Arabs have no idea of sanitation, of disease prevention, or of modern medicine and surgery. The tragedy of the medical situation in Arabia lies in the lack of sufficient equipment and workers. The opportunity is shown in the large numbers who come to the hospitals for treatment, in the faith of the people in Christian physicians, and in the opening of the formerly closed towns of the interior to medical missionaries. Doctors soften hearts and make friends. On Dr. Harrison's first trip to Riadh, at the special invitation of the powerful sheikh, he was able to open his clinics with a brief prayer service. Central Arabia cannot be opened and occupied without medical men.



PATIENT WITH A 34-LB. TUMOR



AFTER THE OPERATION

RELIEVING THE BURDEN OF INDIAN WOMEN

Medical Work for Women in India

BY DR. A. S. KUGLER, GUNTUR, INDIA

Missionary of the United Lutheran Church, 1883—

“**A** FEMALE missionary who knew something of medical science would readily find access into the secluded homes of the high caste Hindus. Would to God that we had such an agency ready.” Thus wrote Alexander Duff about one hundred years ago.

The first of May, 1869, stands out as a red letter day in the history of the women in India, for on that day in Naini Tal, North India, four timid Indian women stood before the Board of English Physicians and received certificates in Anatomy and Midwifery, Pharmacy and Minor Surgery. The same year Dr. Clara Swain sailed from America as the first woman physician sent to Asia, and on her arrival in Bareilly in 1870 began to instruct a class of medical students. Thus, from the beginning the principle was recognized that the women of India must be prepared to minister to their sisters.

No mortal pen could write in full the story of the fifty years of woman's medical work in India, but the brief records show that it is through medical mission work more than through any other

agency that the East and the West are becoming one. In India, caste and custom keep 40,000,000 women in seclusion, 2,273,245 children under ten years of age are wives, and 27,000,000 girls and women are widows. It is the medical women who are able to enter doors closed to all others.

When the Maharani (Princess) of Poona was restored to health through the ministrations of a medical missionary of the Church of England Zenana Mission, she sent to Queen Victoria a message, to be delivered in person by the missionary doctor: "Tell our Queen what we women of the zenanas suffer when we are ill." In response to this message the Lady Dufferin Association for the medical education and the medical relief of the women of India was established in 1885. This Association has furnished relief to the bodies of millions of suffering women and children, and as a philanthropic work is to be commended. The medical schools of Calcutta, Bombay, Madras, and Agra have been open to women since 1876.

To train Christian medical women to serve their Indian sisters a School of Medicine for Christian women was opened in Ludhiana in 1894. For twenty-five years Dr. Edith Brown has been at the head of this interdenominational school. Miss MacDougall, Principal of the Women's Christian College, Madras, wrote of this school:

"The excellence of the staff, the efficiency of the hospital and dispensary, the beautiful life open to every student, the high ideal of work and mutual service seemed hardly open to improvement."

As the years have gone by the graduates from this medical school have gone out to all parts of the land, chiefly to Central and North India, carrying with them joy and light and life, and driving out sorrow and darkness and death. Through them Jesus Christ Himself has been walking through India and as many as have touched Him have been made whole.

These medical women have not had an easy task in their efforts for the conservation of life—the life that now is and the life that is to be. But the very hardness of the work has been an inspiration to those engaged in it. The churches in the West might have done much more to relieve those at the front. Some of the missionary doctors have broken down too soon because of the weight of the load that they have had to carry. There have been—nay there are today—hospitals under mission boards so poorly staffed that those in charge cannot do justice to the work. There are hospitals so poorly equipped that it is impossible to do up-to-date medical work. The Church that has Jesus Christ as her leader has no right to do medical work in India or in any other country in any but an up-to-date method. There are luxuries in hospitals in America that are not required in mission hospitals, but each should have such equipment as will make it possible to do the very best for

the patients. There are many places where the mission hospital is the only one available for hundreds of miles. To the medical woman in charge come the wives and mothers and children from all the region around,—missionaries, officials, princes, merchants, farmers, outcastes, Christians, Hindus and Mohammedans. There is no place where you will find the women of all classes as you find them at the mission hospitals and dispensaries. And in homes, closed to all others, we find the woman doctor and nurse and Bible woman.

In India today are many clamoring for "home rule"; yet no



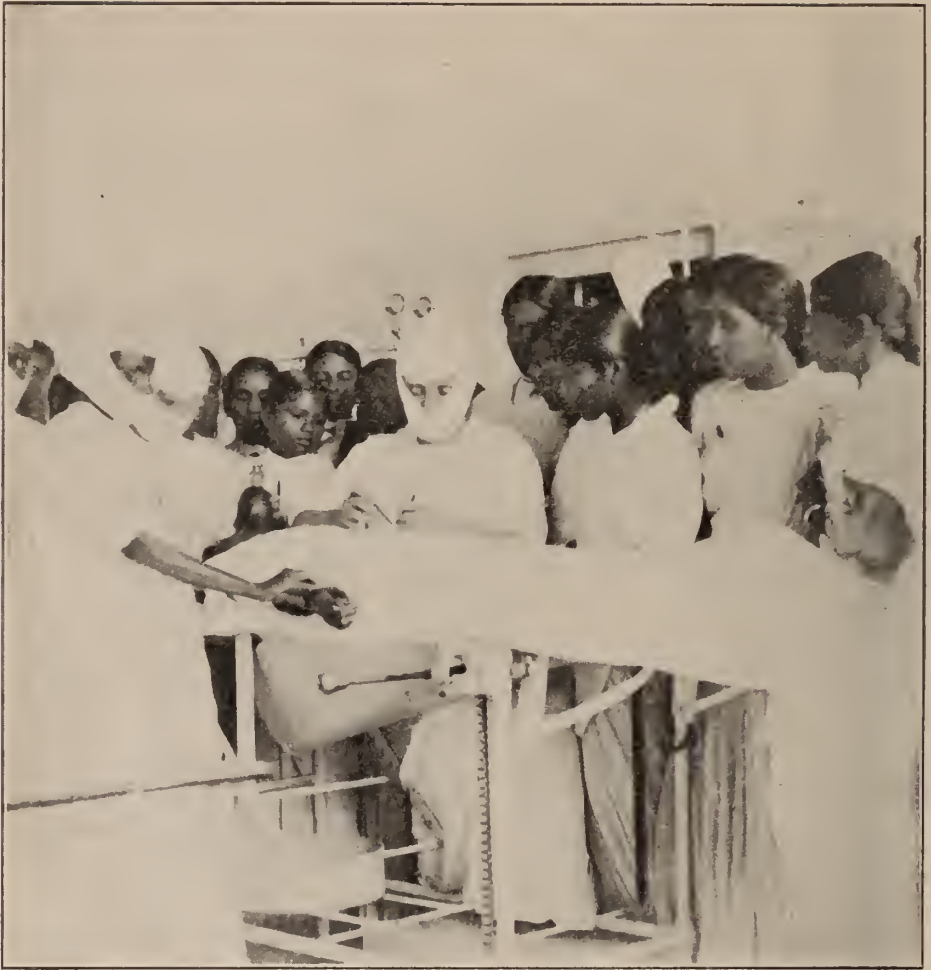
FOURTEEN BABIES BORN IN MATERNITY HOSPITAL, GUNTUR, INDIA

land is more under the rule of the home. The women of India are the rulers in the homes, and yet in this land only one woman in a hundred can read. The mothers are generally so ignorant of the laws pertaining to the health of their little ones that the infant mortality of India is 273 per 1,000, as against 109 per 1,000 in England. They believe that epidemics such as cholera, smallpox and bubonic plague are simply manifestations of the anger of the goddesses under the control of which these diseases are, but the morning light is breaking even in things physical. The British Government is doing much to relieve suffering, but there are still 88,000,000 in India outside the reach of medical help, and millions of these are women and children. Hence, notwithstanding

the work of the Dufferin Association there is imperative need that the number of medical missionaries be increased—if only from the standpoint of the philanthropist. All mission hospitals in India today are understaffed, and a number are closed for lack of staff.

While there is this urgent need in India for women physicians from the West, there is the growing conviction that the number of Indian women physicians must be largely increased. The school in Ludhiana is too far distant from South India to meet the needs of the South. As long ago as 1902 the Decennial Conference stated that the Madras Presidency should have its own school of medicine for women. Then came a request for more medical relief for their women—from some Brahman students in London—from the East coast and this found response in the hearts and minds of English friends. When Mrs. Peabody and Mrs. Montgomery visited the Madras Presidency in 1912 they were so impressed with the lack of proper facilities for the medical education of Christian women that upon their return to America they took active steps to bring about the establishment of a medical school, and secured \$50,000 from the estate of the late Mrs. John D. Rockefeller toward this object. The Reformed (Dutch) Church expressed its willingness to contribute the Mary Taber Schell Hospital toward the equipment and endowment. Several of the leading missions in South India signified their readiness to cooperate and the Government showed its good will in a substantial way. Vellore was selected as the most suitable place for the new medical center. The world war made it impossible to go ahead with the erection of buildings upon the beautiful site of more than one hundred acres just outside the city. Temporarily two bungalows were rented and the use of the laboratories of the Voorhees College secured.

Thus was made possible the opening, on the 12th of August, 1918, by H. E. Lord Pentland, Governor of Madras, of the Union Missionary Medical School for Women, with Dr. Ida C. Scudder, of the well-known Scudder family, as Principal. The Surgeon General had remarked that if the school opened with a class of five or six it would do well. It opened with a class of eighteen, and at the examination held a few months ago this class led the Presidency. At the opening of the school Col. Bryson, in his address to the students, said: "Young ladies, Carlyle would have congratulated you—you have no history. It is all before you." Very small and insignificant it may appear to some—this school with a staff of only three foreigners, one Indian doctor and one Professor of Science; but we see by faith the college and hospital building, wherein shall be trained many who will go into the villages and towns of South India to carry with them the double Cross, for the healing of the body and the soul. Many lives and much money are required to make the vision a reality. Those lives



THE OPERATING ROOM IN THE MARY TABER SCHELL HOSPITAL, INDIA

and the wealth are in the possession of the One who sent forth His Disciples to teach and to heal." Where are the doctors in America who at Christ's command will become members of the staff of the Medical School? We know not, but He knows just whose are the gifts that at His command will be freely poured forth in order that the buildings may be erected and the equipment supplied. He who "stooped to save His lost creation, and died that man might live," has in His care the entire work of medical missions in India.

Much might be written of the physical and spiritual results of medical mission work. Surely such work is worth the prayers, the lives and the gifts of the Church of Jesus Christ.

Testimonies to Medical Missions

BY MISS VALERIA F. PENROSE, GERMANTOWN, PA.

Author of "In the Path of the Great Physician"

JESUS Christ is the standard for every medical missionary, and the transforming power of the comparatively little medical work undertaken in the name of Jesus Christ shows the miracles done in His name and by His power alone.

The Severance Hospital in Seoul, Chosen, expresses its ideal as follows: "The great aim of the hospital is to do all the work so as to exemplify the mind of Christ, produce Christians out of patients, and Christian workers out of graduates from our medical and nurses' training schools."

* * *

"By far the greater number of opportunities created by the work of the medical missionary are inevitably lost if she is left with no one to follow them up; she opens doors but is far too busy to go through them. To every medical missionary twenty fellow-workers are needed to take advantage of the opportunities her work creates. Hers it is to attract attention and then pass on; theirs to follow up, to visit, teach, instruct, prepare for baptism found schools, train the converts till they in their turn are ready to join the great volunteer army of Christ's evangelists."

—*Daylight in the Harem.*

* * *

Many years ago the Church Missionary Society hoping to give the Gospel to Kashmir sent two of its most experienced missionaries with a staff of native preachers there. Thrice were they driven out and the door closed. Then Dr. Elmslie, a medical missionary, was sent to begin a medical mission. His splendid surgery gradually broke down opposition, a foothold was gained in this hitherto impregnable fortress of heathenism. Other missionaries followed and today mission stations throughout Kashmir, medical work accompanied by the preaching of the Gospel, are the outcome of that initial effort.

* * *

Over in the Philippines is a young man doing a marvelous work for God. He was carried to the little Nipa Hospital at Iloilo hopelessly paralyzed. He stayed in that little place, learning of Jesus. He began translating hymns. He stayed there some time, then was carried home. The love of the Lord Jesus was such a vitalizing

force in him that he got men to carry him to a little village where he gathered a congregation of three hundred. One village where he taught and preached was in a well nigh inaccessible region, but he was carried there. The work goes on. He was told at the hospital that he must walk. It took two men at first to get him across the road to the chapel. He persisted. After a time one man and a cane sufficed. He persisted; and now no one is needed to help. He tours in that mountainous region, everywhere taking Jesus to thirsty souls.

* * *

Maliza, a Toro princess, a very great lady, was sold as a slave in Busoga, (a country to the east of Uganda,) after being taken captive by Mohammedan slave raiders. Set free when the British took effective control of the country, she undertook the three weeks' journey to her home. On her way she passed through Mengo, capital of Uganda. Suffering from an affection of the eyes, acquaintances advised her to visit the *Enyumba yedagala* (House of Medicine), then a mere shed. The medical help she received, made her seek out the missionary in Toro, her home, saying, "I want to learn about a religion that teaches its followers to be as kind as that." In course of time she was baptized.

Later, Dr. and Mrs. Cook were in Bunyoro, when the king of Toro visited the king of Bunyoro. In his company was this princess. She was visiting the princesses of Bunyoro, doing the work of an evangelist. Last reports were that she is still doing excellent work for Jesus Christ.

—C. M. S. Converts through Medical Work.

* * *

Christianity does not know the word "Impossible" and its missionaries have to teach this to the nations by their unflinching care of those who for so long have been regarded as hopeless cases. It values life because it is the gift of God and not because of the social position a man holds.

Christ's proof of His Divine mission to John the Baptist in prison was: "The blind receive their sight, the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the Gospel preached unto them." Literally all seem fulfilled in Medical Missions.

BEST METHODS



EDITED BY MRS. E. C. CRONK, 222 FOURTH AVENUE, NEW YORK CITY

Cables for 1935

HOW SHALL WE LAY OUR PLANS FOR THE HEALING OF THE WORLD?

IN July Harper's there appeared an article on Prophets and Pattern-Followers, by Robert R. Updegraff, which tells how great industries plan for the next generation.

Among other things Mr. Updegraff tells how the telephone prophets go about their work. Taking the present population of the city, and the population for many years back, they plot a population curve, projecting this curve eighteen or twenty years into the future, establishing the population in 1937, let us say. Then they check this in every way possible by analyzing the industrial development, past, present and future, by studying the transportation facilities present and proposed, the labor situation, the real estate market and the geographical location of the city. They estimate the department stores that are to be, the office buildings and hotels yet undreamed of by the average passerby.

They forecast just how the city is likely to spread out, and a more difficult task, just where it is going to shoot up.

In one New England city a department store was located by telephone prophets ten years ago less than a block away from where it has recently been built.

With far seeing eye, these telephone prophets have made a map of the city of New Haven, Connecticut, for 1935. Mr. Updegraff declares it was like peeping into the future to look at this map. "Everywhere," says he, "there were little circles with figures in them. Blocks which are now vacant lots have their little circles with the number of telephones they will probably support by 1935. A

street I had passed on my way to the telephone company's office which is being torn up to be paved was pointed out to me on the map. We are putting down our cables for 1935 under that street now. Cities no longer allow their streets to be torn up every few months. 'We have to watch every street and take advan-

CRUSADE OF COMPASSION HYMN*

By LAURA SCHERER COPENHAVER

Tune: "St. Margaret"

O Thou Whose love didst stoop to feel
Our weaknesses, our pain and care,
O Thou Who didst the leper heal
To us Thy selfless love reveal
That we the gift may share.

Thou once didst hear the silent plea,
Of her who touched Thy seamless dress
And came that instant whole and free,
Thou mad'st the sightless eyes to see
And the dumb lips to bless.

O give us now the surgeon's skill
And science freed from craft and greed
Submissive yearning for Thy will
Wisdom divine our minds to fill
And eyes to see the need.

To mothers in the pangs of woe,
To children starving without bread
O let us feel the debt we owe
In self-denying love to go
Wherever Thou hast said.

* Published in leaflet form by the General Literature Committee of the United Lutheran Church in America, 844 Drexel, Building, Philadelphia, Pa. Price two cents each, ten cents per dozen.

tage of repairing to put down our cables for the future," said one of the prophets. Sometimes the cables will not be required for ten years, but they will be ready when they are needed."

There is a missionary moral in every paragraph of Mr. Updegraff's article.

During the days of the war there were pattern followers who thought all mission work should cease. There were, however, prophets who foresaw the unprecedented opportunity that would come at the close of the war if the cables were laid. Soon nations shall no longer be torn up every few months. We must take advantage of the present repaving of the world to put down our cables for 1935 and far beyond. There was something prophetic about the foresight that outlined the study of medical missions for this year. Never was there a time when such a subject could get such a hearing. When Dr. Belle Allen, author of "A Crusade of Compassion," was asked recently what change in conditions in America impressed her most she said, "I am impressed with how easy it is to talk now of missions, anywhere, to anybody. It used to be rather difficult. A few days ago I spoke to the nurses at the Philadelphia General Hospital. Following my talk seventy-five of them asked for personal interviews about medical missions. A few years ago I would have regarded such interest as a thing undreamed of." War experiences have given us a quicker perception in realizing a need, and prompt action in meeting a need.

We have refused to sit in luxurious idleness and ease while those at the front have suffered and died. Early and late we have made bandages and other supplies. We have rushed physicians and nurses and ambulances and supplies to the front. To hear of a need was to meet it. Now the war posters are being replaced by posters showing an ambulance and a Red Cross nurse. Un-

derneath are the words, "After War Work What?—A Crusade of Compassion for the World." Below are some of the striking figures giving need for medical missions.

Now is the time to really lay cables large enough to carry the healing of the Great Physician to the ends of the earth. Three things need enlargement:

OUR PROGRAM OF PRAYER. It was said of pastor Gossner that he "prayed up the walls of hospitals." O for prophets who can see the hospitals that should be, the doctors and nurses who should go, the funds that should be consecrated and pray them up, and pray them over, and pray them into the treasury! Most of us are content to pray for the maintenance of the work that *is*. Let us become prophet intercessors who dare to pray for the things that are *to be*. Let us lay cables of prayer for 1935.

OUR PROGRAM OF EDUCATION has never been sufficiently far reaching. Great is our opportunity for the dissemination of medical missions propaganda this year, and for making this a theme for study, for lectures and for discussion. Already the "Crusade of Compassion" is breaking records as a "best-seller" among text books. Before the year is over this and other books on medical missions should be in all colleges, our libraries, our churches, our homes. The Mission Study Classes this year can enlist a far larger circle than usual because they touch a theme uppermost in the public mind. An unusually large number of lecture courses are being planned for the coming winter. Let us lay our missionary education cables for 1935 not merely for a whirlwind campaign, but for systematic and continuous missionary education.

OUR PROGRAM OF SERVICE. Men and women, even boys and girls, have been really giving service. Shall we not lay cables for 1935 that shall count on and enlist real

service in our mission work? Now is our day of opportunity to see ahead the workers that will be needed tomorrow, and ten, twenty, thirty years from now, and to make our program to secure their service. The Life Service plans of the Inter-church World Movement should fill every devout heart with thanksgiving. The Rainbow Meetings that have been held by the Federation of Women's Foreign Mission Boards of North America have assembled such audiences of young women students, professional women and business women as have never been assembled in so many large cities in America before to consider the question of Life Service.

THE WORK OF OUR HANDS

One of the cables of our war work was the ceaseless toil of the hands that worked at home for those who were sick and wounded at the front. There comes to us a feeling of mingled gratitude and shame when we hear that large quantities of not-up-to-the-standard surgical dressings which were turned down by Red Cross Committees were sent to medical missionaries and gratefully welcomed by them. Now there are many calls for a continuation committee that shall make possible up-to-the-standard work for our Medical Mission Stations. One of the best answers that has come is the following plan adopted by the Women's Presbyterian Board of Missions of the Northwest.

SEWING

For Overseas Hospitals and Refugee Garments.

ORGANIZATION

1. Personnel—

- (a) Board Committee with Chairman.
- (b) Fields: Synodical, Presbyterial, Local Secretaries: Some one who has had experience as organizer and director of Red Cross Units.

(c) Local: A Local Committee—The Chairman to be the local Sewing Secretary. This committee should be made up of leaders in former Red Cross work.

2. Time—This committee should be formed soon and plan for summer sewing or fall and winter work. The local committee need not wait upon Presbyterial and Synodical organizations, but may be formed immediately and correspond with the Board Secretary until such a time as the Presbyterial and Synodical Secretaries shall be appointed.
3. Relationship—Utilize former church Red Cross Units as far as possible. Those who lead and officer this committee need not necessarily be members of the missionary society, but women in the church and community, experienced in Red Cross work. However, the committee should report at the monthly missionary meetings and relate itself as an auxiliary or committee to that organization.

SUGGESTIONS FOR THE LOCAL COMMITTEE

1. Object—

- (a) To meet the great need for surgical gowns and bandages, for bed linen and patients' clothing in our 175 hospitals and dispensaries overseas.
- (b) To make garments for refugee children in Persia and Syria. Patterns and directions appended.

2. Time of Meeting—

Weekly or as often as seems advisable.

Private house or porch, church parlors or rooms where Red Cross work was done. Church day a good plan. One day each week set aside for Church day. Sewing in mornings, lunch together, afternoon given over to meetings of various organizations in turn.

3. How to procure material—

Cannot spend missionary funds, nor cut down on required work to do this additional service, nor take from Jubilee quotas. It must be extra.

Suggestions:

- (a) The Ladies' Aid can finance it.
- (b) Solicitation of necessary funds from members of church not giving through missionary society. This does not debar missionary women from giving.
- (c) For so large and fine a piece of work, let the church pay by putting it in the church budget.
- (d) Further suggestions on application.

4. Character and Amount or Number of supplies needed.

For objects—see appended lists. Send to the Field Department of the Board of the Northwest your first, second and third choice of the items appended. You will then be informed as speedily as possible for which of these hospitals you are to furnish supplies.

5. Garments and supplies needed—Directions for making—appended.

Refugee garments can be made immediately and in any quantity.

6. Inspection and Packing—

- (a) Inspected by former Red Cross inspectors.
- (b) Packing—See instructions. List of articles should accompany each box. Copy sent Presbyterial Secretary or Board Secretary.

7. Shipping—

- (a) Hospital Supplies—Send boxes to Montgomery Ward & Company for overseas Mission Hospitals. This firm will trans-

ship to the Orient. Full directions appended.

- (b) Refugee garments—The American Committee for Armenian and Syrian Relief will ship from New York City. For instructions in sending Refugee Garments overseas Write to Chas. V. Vickrey, General Secretary, American Committee for Armenian and Syrian Relief, 1 Madison Ave., New York City, N. Y.

Full instructions as to the needs of different hospitals, and the making and shipping of supplies to each are given.

One of the missionaries in Korea writes in regard to the plan:

"I like the suggestion which has come to me regarding helping the Mission Hospitals with articles similar to Red Cross supplies. In fact such thoughts have gone through my brain, or rather didn't find exit. But truly I think it is a great opportunity and we should make the most of it. You in America, could be of real service to us in that way, if you thought best. If you could see me fairly scratching my head in desperation over the sewing for the whole institution, even such uninteresting things as kitchen gowns, aprons, roller towels, etc. I also have surgical supplies to oversee, but they are not so bad. *Sheets, pillow-cases*—in fact all bed linen—and *patient's clothing*, are my chief difficulties. It isn't quite so bad as it was when I first came down from Kongkii. I was studying Korean with my teacher at the hospital when the Hospital Secretary came to tell me that three new patients had come in and there wasn't a sheet with which to make up the beds. So I sent him downtown to buy a bolt of unbleached muslin, which we use, and I went over to Miss Stevens' school to see if I could get some girls to come and make the sheets. They came, and in due time we tucked away the patients and

proceeded to make a few more sheets. As it is now, we frequently have to wait for some to be ironed. And *Baby clothes!* Frequently we have a baby or older child needing small garments.

OTHER PLANS FOR THE YEAR'S STUDY AND WORK

THE MYSTERY BOX

At a Junior Meeting or Young People's Meeting display a large box carefully tied and labelled:

"In this box are concealed the weapons which opened the great land of China and the island of Formosa to the Gospel. The box will be opened at the next meeting on (Date) the weapons displayed and the story told."

In the box should be a surgeon's lancet and pair of dentist's forceps. When they are displayed have two people tell the stories,—one of Peter Parker's going to China, and the famous quotation that he opened China to the Gospel with the point of a surgeon's lancet,* and the other of how George Leslie McKay won the hearts of the people of Formosa by pulling more than two thousand of their aching teeth so that "the ache came out with the tooth."**

THE LATEST DOCTOR BOOK

PROFUSELY ILLUSTRATED

Make it yourself and give it a wide circulation in your congregation and among your friends.

The covers may be of cardboard and the leaves of typewriter paper fastened with rings. Decorate the covers with cut out pictures and fancy lettering. On the inside pages paste or write stories of medical missions, and notes about the medical condition in different lands. Illustrate with pictures of medical missionaries cut from picture sheets or

magazines. Make strong contrasts between mission hospital and native treatment. Show pictures of witch doctors in Africa contrasted with medical missionary. Choose striking headings for pages—"Starting a Practise with Two Hundred Thousand Patients," "A Chinese Prescription 1000 Years Old," "Six Hundred Thousand Waiting for a Doctor," "Lepers by the Side of the Road."

Give one page to "Good Professional Openings," listing specific needs of your Board for doctors and nurses. Head another page, "Attention! Wide Awake Investors," and give thereon opportunities for endowing hospital beds, supporting doctors and nurses, and providing equipment.

Devote one or more pages to "Testimonials," some of which may be gleaned from this number of the Review.

Interesting results may be secured and much educational work done by offering a prize of a missionary book or a set of books for the best doctor book submitted in a society, a class, or a congregation. Another plan is to outline the titles for as many chapters as desired and ask different members to prepare and find illustrations for a chapter. Interesting originality may be secured in this way and the circle of interest largely increased.

A MEDICAL CHOIR

It was at a service of which medical missions was the theme. A large hospital was just across the street from the church. During the years, the connecting links between the hospital and the church had grown stronger and stronger. The flower messengers had been sent from the church to beds of pain across the street, bearing comforting messages. The nurses and doctors and convalescing patients often slipped in for a service at the church. When the "Crusade of Compassion Hymn" was published the pastor gave a copy

*See Chapter VII, Ministers of Mercy, by James H. Franklin, Interchurch World Movement, 160 Fifth Ave. New York. Price, cloth, 75 cts., paper, 50 cts.

**See Black Bearded Barbarian by Marion Keith, Interchurch World Movement, 160 Fifth Ave. New York. Price, cloth, 75 cts., paper 50 cts.

to every doctor and nurse in the hospital. Then it seemed quite natural to ask these same doctors and nurses to constitute the choir and sing that special hymn at the medical mission meeting. They came. Their choir vestments were the nurses' uniforms and doctors' suits of white. Very earnestly they sang the hymn: "Wherever Thou hast said" is going to mean more recruits for medical missions.

At a young people's meeting, a public meeting or a convention this hymn might be sung by a group of girls in Red Cross uniform.

HANGING A SIGN*

A DRAMATIC PRESENTATION OF MEDICAL MISSIONS TO BE GIVEN BY EIGHT GIRLS.

Enter girl in student cap and gown with diploma in her hand. In other hand a sign, "Eleanor Brent Smith, M. D.": At last! Oh the thrill of actually holding in my own two hands this precious diploma and my sign all ready to hang up to lure patients. Now where shall I hang my sign? It would be great to go back to my own, my native town and demonstrate to the unbelievers that I have actually finished the course and that I have a perfectly good license authorizing me to practise of medicine and surgery. They did not think I would stick to my studies until I finished and I should just like to hang this sign in that old town to show them. But there are, let me see, (counts) one, two, three, four, five, six—six doctors there now and there are only three thousand people. It would be an uphill business to build up a practise, and every one of the other doctors would oppose me. Perhaps it would be better for me to stay right here in Philadelphia, near the medical college. But think of all the famous doctors and surgeons here! I'm afraid no patients would

ever come to poor little me, and my sign would just wave on and on in the gentle breeze while the heedless and healthy throng passed it by unseeingly. I thought my troubles would all be over when I passed the various and sundry tests and examinations, but here's a new problem: Given a diploma and a degree and a sign all ready to hang up. Where shall I hang it? Who bids for my sign?"

Enter Chinese Girl: "Oh let me put in a bid for China. Hang it in my land. China has two hundred million women, and only about one hundred women doctors. Why should you wait for patients in America while China has patients waiting for you? China is making wonderful progress but still there is such great need. Still our doctors and priests are bound by superstition. Still we have little straw men made to place beside those who are sick, in order that the sickness may be lured or enticed into the man of straw by the money which we tie to it, and then the straw man be burned or thrown away. China needs with a need greater than you can know, this sign of yours. There you can begin at once to minister to those who need you and are waiting for you! There you can help us to train our own doctors and nurses. I beg you to hang your sign in China"

Enter Japanese Girl: "I bid for your sign for Japan. We have many doctors and many hospitals, but oh, so few Christian doctors. We need, oh, Japan needs so much the message of the Great Physician, whose name has never yet been named to millions of our people."

Enter Girl Representing Missionary From Africa: "I come as a Christian missionary to beg you to hang your sign in Africa. A whole continent of opportunity is opened to you. I can show you a block of country nearly a thousand miles square without a doctor of any kind and only one trained nurse. Re-

* To be published in leaflet form by the Literature Committee of the United Lutheran Church in America. Price 10 cents per copy, 60 cents per doz.

cently a young doctor who came to a mission hospital in Africa performed his first major operation within fifteen minutes after his boat landed. He did not have time to hang a sign. The suffering people had heard that another white doctor was coming and they were lined up to receive him when he landed.

"I can show you the bleached bones of thousands who have been taken out on the veldt to die alone and uncared for because they were declared to be bewitched. Just recently when the mother of a chief died two little slave children were compelled to walk around the corpse all night to keep the evil spirits from breaking loose into the town. Then at daybreak the next morning the two children were buried alive in the same grave with the dead woman.

"Thousands of people are doomed to drink the poison cup to prove that they are not witches. If they die of the poison they are declared guilty. If they survive they thus prove their innocence.

"How the poor people of Africa suffer! How the women suffer! How the little children suffer! Fifty million women in Africa and only fifteen women doctors!

"In the name of the Christ who died for these degraded savages I beg you to hang your sign in Africa."

Enter Korean Girl: "Korea bids for your sign. You girls of America, oh, how little you know of a childhood terrorized by fear of evil spirits! All of my life I have spent in terror of the spirits—spirits of the air, spirits of the water, spirits of the land! The bodies of our whole nation show even today the scars of superstition, pierced as they have been by sharp knives to let the evil spirits out. Small pox is so common in my land that no man counts his children until after they have had small pox. Our eyes have been blinded by steel needles. Our bodies have been burned with hot irons. Even to-day our native phy-

sicians are giving such prescriptions as powdered tiger claws, tincture of bear's gall, or decoction of crow's feet. You laugh at our superstitions but you send us so few doctors to teach us truth. I beg you not to hang that sign in a place that needs it not, when Korea's need is so great."

Enter Mohammedan Girl: "I bid for that sign for Moslem women. In your hand you hold the key, the only key which can open the Mohammedan lock. The medical missionary can enter through doors locked and barred to everyone else. Think of one hundred million women in Moslem lands with only twenty women doctors! Why should you enter an overcrowded way here, when you might be a pioneer in un-beaten paths to bring health and healing to the veiled women of Islam!"

Enter Girl from Philippines: "If you want your sign to hang neath your own stars and stripes, I bid for it for the Philippines. The United States have done much for us but there is yet much to be done. Why should you not hang up your sign with the determination to help put tuberculosis and leprosy out of the Philippines, and out of the world?"

Enter Girl from India: "I bid for your sign for India—for India with its millions of child wives and widows. We have only about one woman doctor to every one million women in India, and our land is not as is your land, for in India no man is permitted to look upon the face of the women of the high caste. It will not be hard for you to build up your practise in India. I can take you to a hospital that has its gate closed because the only missionary doctor there has broken down and had to go away for rest, and notwithstanding all her pleadings and entreaties to the girls of America, no one else has come out to take her place. A high caste girl was carried many miles to that hospital. Through

all the pain of the rough way she looked forward to the time she should reach the hospital and find the wonderful doctor of whom she had heard. When they came to the gate at the entrance it was closed. The old gate keeper had to send them back all the long, rough way because there was no doctor there. On the homeward way the girl died.

"So my people are suffering and dying with no one to help—little children and little mothers! Oh, such little mothers, when your children of America are happy at their play. If you could see one of the little widows I have seen, lying half starved in a damp hall, burning with fever, cursed by her father-in-law who forbade anyone to minister to that wicked creature, who he said had caused the death of her husband, his bright and gifted son. When he thought she was about to die he had her carried out into the street on a mat so she would not pollute the house. For three days and nights she lay there without food or shelter in the pouring rain. The chilly air of the rainy season penetrated through her tiny worn frame and no one came to minister to her. The orthodox Hindu neighbors dared only to hope she would soon pass away since her cries and moans disturbed their slumbers. Thus do our little girls suffer! I bid for your sign for India."

American Girl: "And now the face of my problem has changed. Given one sign to hang out and such a multitude of calls! What shall I do? One of them is my call. No sleeping potion could give me rest if with these calls ringing in my ears I failed to answer. That land is henceforth my country which needs me most. (*Faces the audience squarely.*)

"But the other calls—I pass them on to you. Who will answer them? Who will go? Who will send?"

One girl from group of foreign girls or girl in costume of some other mission land:

WOMEN OF THE WEST

A POEM

"O women of the West that hear not
O women dwelling in the blessed light
O women of the West that fear not
The darkness deepening into endless
night:

By lives that end when yours are just
beginning,
By babes that perish in our helpless
hands,
By mother joys we have no hope of win-
ning
By nameless horrors which our law
commands,

By hands stretched out unto the god that
heard not,
By prayers that never rose above the
earth,
By eyes uplifted to the skies that stirred
not,
By hope that perished in convulsive
birth—

To you, O women of the West, our pray'r
comes.
What thralls you that you come not in
our need?
What dulls your hearing, what opiate be-
numbs
That you are silent when we bid you
speed?

They tell us that your lives are full of
joys,
And best of all, that they are free—are
free.
Yet we in bondage cry to you; the noise
Of wailing, can it reach from sea to sea?

They say you're queens of homes and
hearts;
By woman's crown dragged in the dust
we plead;
By homes from which all joy, all hope
departs;
By hearts that beat—for this—that they
may bleed.

O women, dowered with wealth of love
and power
'Tis thus we call you, 'tis no fancied
need.
By lives that perish—hundreds every
hour—
In His name Who died, we beg you
come with speed."

The Woman's Foreign Mission Bulletin

EDITED BY MRS. WM. H. FARMER, MONTCLAIR, N. J.

THE EDITOR'S MESSAGE

ENTHUSIASTIC comments are coming from all the summer schools and conferences. Excellent programs, large attendance, unusual interest among the young people in volunteering for service—many attending a missionary conference for the first time—such are headlines in reports from east and west.

Our new text book, "A Crusade of Compassion," written by Mrs. Caroline Atwater Mason after much material had been gathered by Dr. Belle J. Allen, is selling rapidly. Conservation of life is a timely topic. Medical missions for women and children cannot fail to stir sympathy. For the first time we have an entire book on the subject, outlining briefly and readably the needs and the successes of missionary nurses and doctors in all mission lands except Japan.

"How to Use," a ten cent pamphlet, is just off the press, and may be ordered from any Board. It offers several plans for analysis and presentation of each chapter, and preserves some of the good things mentioned at the conferences.

Missionary meetings should be especially well attended this year. All the Red Cross workers will be interested in the hospitals, supplies, doctors and nurses of the Orient. Each denomination should make its own needs as dramatic and vital as the Methodists presented their mission stations at the Columbus celebration, and by some of the very same methods. To do this you must purchase the literature of your own Board, especially photographs and stories, and also acquire information as to the Centenary. Send to Interchurch World Movement, 111 Fifth Ave., New York City, for suggestions.

At Chambersburg (Wilson College Conference) hints were given as to the

DUTIES OF A SUMMER SCHOOL DELEGATE

(To illustrate the use of a medical vocabulary)

1. Diagnose condition of church.

Two symptoms:

Ignorance.

Indolence.

Superinduced by:

Lack of conviction.

Lack of sense of mission.

Anemic condition calling for

Blue Bottle of Tonic (Text Book).

2. Prescribe with care.

Not all the Tonic in one dose.

Prescriptions: Program meeting—but there must be some sugar-coated pills and palatable powders. (Christian Science supplies a narcotic, a sedative, a sleeping potion. Such drugs lead to organic troubles, chronic disorders. Mark Twain said, "Christian Science is a mental anesthetic for those who cannot stand the pain of the world." Scientific Christianity supplies a panacea, an energizer.)

3. Convert some hospitals in this country into workshops.

Many Protestant churches are hospitals, with wards for the ill and convalescent (those who have outings only on sunny Sundays—never mid-week evenings), with a small working staff of doctors and nurses; with a ward for some who are so near-sighted and cross-eyed that they do not see the need of missions abroad.

This self-centered condition sometimes leads to adult paralysis.

Charts in these hospitals show great variety of temperature. Sub-normal conditions exist.

A standard of excellence is recommended.

In reports and records, avoid "statistical dropsy."

Posters should show vivid contrasts, e.g. before and after taking Christianity.

4. Make health contagious.

a. Think health! Energy and enthusiasm may become as catching as small-pox and influenza.

b. Become "Intermediate Carriers" of health, strength, sympathy, instead of carrying poison germs of adverse criti-

cism and aloofness. Consider the "contagion of a triumphant spirit."

c. Expose yourself to health germs, more than once a week or once a month.

d. Follow the old-fashioned rule, "Keep head cool and feet warm."

5. Recruit hospital force and supplies.

Note great need today of doctors, nurses, also of surgeons to perform operations of bloodless surgery, such as lopping off old methods and changing officers. Musicians are needed.

Music has therapeutic value. The Missionary Hymnal is another Blue Bottle of Tonic.

Druggists are useful to distribute literature to aid in circulation (of ideas).

Osteopaths, chiropractors, stethoscopes (for heart action), ex-ray machines, for discovering new methods.

It would be well also to clip quotations from various sources linking healing with evangelism. Medical missions do Red Cross work *plus*. Every doctor and nurse sent to a foreign mission station must carry the Gospel of Jesus Christ as well as scientific skill.

Take for illustration this

WOMAN OF SWATOW, CHINA

"One woman came in for treatment for chronic trachoma. Her eyes had been sore for a long time, but she would not come to the hospital for treatment. At last her eyes got so bad she had to come. She was almost blind. She was prejudiced against Christianity before she came, and had made up her mind that she was not going to become a Christian. We did not urge the question. At first one of the nurses had to hunt for her every morning to see that she came to chapel. After she had been there a week or ten days she came herself without any urging. Finally she became so interested she was the first one in her seat in the mornings. Her eyes were slowly responding to treatment and she had to remain in the hospital almost three months. When her eyes were well her heart also was changed, and now she is an earnest and helpful Christian woman."

"MAI" WHICH MEANS MOTHER

By E. Marie Holmes, Gauhati, Assam

The noontide heat had driven all save a few stragglers from the streets of the dusty, shadeless bazaar. Shopkeepers, naked to the waist, were sleeping soundly in the midst of their displayed wares. An enterprising hen ventured out with her motley family of eleven, despite the heat, and was rewarded for her daring by a luxurious dust bath and some choice grains of dhan and dhall near the grain merchant's shop. The pariah dogs had sought out the shade of a box or rubbish heap.

Behind the dirty, dingy shop stalls the women slept in dark, dingy rooms and beyond these zenana apartments was a small court yard. The sacred tulasi plant was the only bit of green in the yellow sun-baked ground plot. The tulasi leaves were brown with the dust of the court yard; the soil at its roots was rich with the drippings of daily household offerings. A breeze seldom swayed the leaves, for the high corrugated iron fence attracted the heat of the sun, but repulsed the gaze of the curious, cut off the occasional breeze, and shut out all the beauty of the sky and great out-of-doors, except a patch of sky and the high hanging clusters of red blossoms when the brilliant "Flame of the Forest" bloomed in a neighboring court yard. Soiled, patched curtains made of old grain bags sewed together, were nailed to the doorways connecting the zenana with the shop in front and the court yard at the rear.

Winsomely beautiful was the little lassie of lustrous brown eyes who pushed aside the black curtain, and running to the great irregular pile of empty boxes and packing cases stored in the court yard, with nimble feet and fingers made deft by the performance of many household tasks pulled and dragged the boxes until she had made a cozy

covert of shade. Then she sped into the house and darted back again with a baby boy straddled across her hip, and a bamboo mat and several empty grain bags balanced on her head. She threw the mat and grain bags into the shady retreat she had made and with her toes and free hand, spread a bed for the baby. A shaved patch on top of the wee one's head was poulticed with herbs. This told as unmistakably as the hot forehead, throbbing temples and quick breathing, that the baby had an acute attack of malaria. With great motherly tenderness the little lassie of eight crooned her Bengali lullaby, massaged the aching body with mustard oil and cooled the throbbing temples with fresh green banana leaves.

The little sufferer uttered but one plaint, "Mai, O Mai." This had been his wail of sorrow, his cry of delight, his expression of surprise and query of wonder all his young life. It was his word of greeting to the dark eyed lass of seven when fifteen months ago they had wound his mother's body in a red cloth, carried it to the burning ghat and sent her baby of twelve months to her father's house. From the time of his advent into his grandfather's household, this little slip of a girl had been baby's mother in the intensity of her affection and in her slavish devotion, as well as in name.

For three weeks fever had been burning out baby's vitality; the rounded limbs had lost their dimples, the dark ringlets had been cut close, the kovi raj (medicine man) had prescribed the herb poultice for the head, the neighbors repeatedly declared that it would end as God had decreed—that the little foster mother did not well to deny herself food and to take no rest from her charge day or night—that what is written on the forehead must be fulfilled, despite the constant attention and the unbounded affection of those who would oppose the will of Brahma and rob Siva of her prey.

Heeding not what the wise and aged were saying, Mai continued her loving ministries until the morning star began to wax faint. Then when all else were sleeping, the little one's hands grew tense as they twined about Mai's neck; the great burning brown eyes of the baby sought the agony-filled eyes of the child mother; the weary head lifted, but fell back again upon Mai's shoulder as the baby whispered, "Mai, O Mai," and the weary little spirit found rest, while the lonely, broken-hearted girl, prostrating herself on the court yard, abandoned herself to her grief, chanting the praises of the dear dead one, and wailing the weird, haunting cry with which the broken-hearted of the East try to comfort themselves.

PART TWO

There had been a bounteous season of rain. The rice stood tall and green with heavy sheaves of grain beginning to be touched with gold. All of the water courses were full. Many of the ponds were beautiful with myriads of water-lilies—white, yellow, pink, lavender blossoms, floating on their bosoms. The weaver birds had finished building their wonderful nests and were now busy feeding and training their young. The Chinese robin in his neat suit of black and white was singing his vesper song,—the sweetest heard on the plains of India. A neat white cottage, just outside a thriving Indian town had flowers in the front yard, a fine English horse in the stable at the side, and guns, hunting trophies and law books in the baita kanna where guests were received. A rich manipuri cloth curtained the door leading into the zenana apartment. The court yard beyond the zenana was larger than the barren, high-walled yard in which Mai's young nephew fought and lost his battle. Mango, banana and papaya trees afforded shade in one corner of the yard; a green sward relieved the sun's glare; a tulasi plant marked the household

as being orthodox Hindu and two weaving looms threaded with muga silk and half woven elaborate artistic borders, showed the women of the household to be skilful weavers.

Her wealth of black hair unbound, her arms stretched full length and clenched above her head, a young woman lay prostrate on the green beneath the trees at the rear of the court yard, great, tearless, smothered sobs shaking her frame. The sun was sinking in a blaze of glory, the muezzin cried the hour of prayer from the mosque parapet, and the faithful followers of the Arabian prophet wended their way to the place of prayer; the Hindus rang bells to awaken their gods to listen to their evening worship and accept their oblations. The sunset glow faded and disappeared; the evening star grew bright and sank behind the temple hill top. The devotional task of the day completed, the men repaired from the mosque and prayer house to their evening rice and pan and their gossip over the hooka. The full moon peeped over the eastern horizon and transfigured everything in its soft luminous light.

The woman under the trees ceased sobbing, and reclining against a tree with hands behind her head, gazed at the moon, trying to find in the rounded, laughing face, cold and far above her, an answer to the unanswerable questions that were vexing her. Why had her sister's baby been taken from her when she had loved him well and served him faithfully, while the unloved children of sin thrived in the heat and disease of the filthy bazars? Why should the wives of coolies have more children than they can provide for and she, the wife of a Cambridge trained barrister, be denied motherhood? Why should the wives of English officials—women who have so much else and who so often hate the burdens and duties of motherhood—why should these women be blessed with offspring

undesired by their parents and unrequired for salvation according to their religion, while she, the wife of a Hindu, must thwart her husband's plans, merit his hot displeasure and receive his reproaches, while her own arms are empty, her heart hungry and all her intense nature longing for the soft cuddling of her own little ones, the tender clinging of their arms about her neck, the soft pulling of their tiny hands upon her drapery, the melody of their timid lisping of "Mai, Mai?" What had she done that she should be thus cursed—six years a wife and not once a mother? What had she failed to do that she should be so cursed of the gods? Had she not traveled to Kalighat, worshipped the goddess, tied a sovereign with one of her black tresses to the holy tree there; had she not made other pilgrimages and given princely sums to holy men, only to return to her childless home with hope disappointed and heart sick? She knew of nothing else to do and now the long dreaded sentence had been passed. Her husband was making arrangements to bring home his second wife and Mai was out in the court yard weeping for the children she had not borne, and feeling the mystery and the tragic burden of life greater than she could bear.

PART THREE

It had stormed furiously in the evening, had rained softly all night, but at dawn the clouds had broken and bright sunshine bathed everything in golden light. The grass was a beautiful green and of velvety sheen. The air was fragrant with the perfume of blossoming mango trees. The mainahs were feasting on the good things borne of the storm; the bulbuls were flitting about the garden with saucy top-knots and brilliant red vents.

One of the mainahs flew into a court yard where mango, banana and papaia trees gave thick shade. The little fellow was on a house-

hunting expedition. A rotted gnarl in the mango tree would make an ideal nest site, but Mr. Mainah was fearful lest there were too many disturbing elements in the court yard. A handsome boy of seven in Indian dress and a little girl of five in a European frock were playing school in the shade of the trees. A curly haired lassie of four was playing on a bench in front of the loom, listening intently with great wide open brown eyes to the story the woman beside her was telling of a mother bird teaching her but-tchas to fly. A baby of a few months slept soundly, tied in a great cloth to the woman's back. The shuttle flew back and forth and the treadles worked steadily. While the story progressed, the sleeping infant received an occasional love pat and frequent were the love smiles that flitted to the children playing in the shade of the mango trees. The mainah noted well the tall, well matured woman, her wealth of neatly combed black hair, sweetly sad eyes, wondrously winsome expression and her tender mother love. When the infant awoke the mainah heard the woman talk loving nonsense to him until the baby quit fretting and commenced to coo. Then the woman took the little one into the house where a young woman with a petulant face and irritated manner roused from her late sleep and nursed the baby, while the woman of the wonderful eyes returned to the court yard, took the baby girl in her arms and as the two older children, leaning on her knee begged for a story, she told them of a young girl to whom God had sent a wee baby to nurse, that in years to come, after the baby had gone back to God and the little girl had grown into a woman, she might know how to think the thoughts and speak the language and guide the feet of some other little spirit who had strayed out of heaven and

had no one else to show them the way home.

The mainah heard it all and from his knarl in the mango tree he saw the pretty woman inside nursing the baby that had been taken to her. But the nursing mother looked not with love upon the little one at her breast. As she suckled the wee one the mother was thinking about a new gold necklace set with rubies that her husband had promised to bring her when he should return from Calcutta.

A whir of wings and the bulbul flew over the fence and lighted on the mango tree. The mainah called to the bulbul, "To whom do the children belong?"

And the bulbul babbled back, "The pretty woman within gave birth to the children's bodies, but her own soul is so weak and small that she could give her young no soul heritage. The father was so busy having a good time and getting rich that he forgot that he had a soul and it shriveled and died. So the children promised to be soulless creatures. But the woman of wondrous eyes, whom the children call 'Mai,' called the souls of the children into being and daily nourishes them lest they should shrivel as did the soul of their father."

The Mainah called again, "To whom does the garden belong?"

And the bulbul babbled back, "To the husband, but he likes his law books and indoors better. The new wife never comes into the garden lest her skin become dark. The old wife is in the garden whenever the weather is fit. While she weaves cloth at the loom yonder her pure heart busies itself with sweet fancies, pleasant kindly words and gracious deeds and these are as golden threads woven into the hearts of the children."

Mr. Mainah flew away and shortly returned with his mate. They carried in their bills bits of stuff which they deposited in the gnarl in the mango tree in Mai's garden.

NEWS FROM MANY LANDS



MOSLEM LANDS

To Preserve Ancient Jerusalem

TO guard against hasty and ill-judged reconstruction under irresponsible direction, a scheme for restoring and developing Jerusalem has been drawn up by the British military authorities, in agreement with the municipal directors of the city. The points to be kept in view, according to the *Egyptian Gazette*, are the preservation of the old city within the walls, so that its mediaeval setting may be preserved; to prevent encroachment of further buildings immediately outside the walls and to regulate the future development of the modern city outside the walls.

The "Zar" as a Curative Agency

A CEREMONY known as the "Zar" is resorted to among Moslems as a prophylactic in cases of disease and dementia. A worker in Egypt describes this ceremony in a recent issue of the *Egypt General Mission News*.

"A group of females were plainly suffering from some trouble which, according to the Moslem idea, is caused by evil spirits. The Mistress of Ceremonies was seated near by, with a kind of tambourine in her hand; other musicians were seated behind her, while the remainder of the room was filled with relatives and friends of the sick folk. A brazier containing incense burned in front of the patients, who inhaled its perfume frequently.

"Sounds from the tambourines, cymbals and other instruments was the signal for the first patient to respond. Her body swayed, her limbs twitched, her face was convulsed and apparently in response to unseen powers her movements became

quicker and quicker; but at last, as the music ceased, she lay like a lifeless form on the floor. Her mother or guardian then began to rub her limbs, and endeavored to bring her back to consciousness. Then the music began again, and the next two patients commenced to squirm; while they were going through these convulsions, having lost all self-control, one feared the damage they might do to each other; but evidently the onlookers were prepared to prevent this."

Not only Moslems but Copts often resort to this treatment.

Refugee Camp Made Permanent

THE Zeitounlis are called "the fighting Armenians," and have richly deserved the title. In the summer of 1915, when word reached them of the general deportation, they took as many of their possessions as possible and withdrew to the fastnesses of Mousa Dagh. Repeated attacks of 8,000 Turks failed to dislodge them, and when food and ammunition were nearly exhausted and surrender seemed inevitable, the women made two great banners—one with a huge red cross, the other with the words: "Christians in Distress: Help." A passing French cruiser picked up the message, took the whole company on board, and finally they found an asylum at Port Said. What was begun as a temporary arrangement has developed into a permanent refugee camp. For more than three years its gates have been open to victims of Turkish cruelty. In April, 1919, nearly 10,000 people were gathered there, and accommodations for 5,000 more have been called for. An appropriation of \$1,000 a month goes to the support of

this camp from American funds. Industries have been started, schools opened and the diet kitchen put on a permanent basis.

AFRICA

A Medicine Man's Test

AN African village, before it was transformed by the Gospel, was ruled by a native medicine man, who was greatly feared for his supposed power to charm away disease and danger. He also claimed to possess a certain medicine which, when rubbed on the door of an enemy's house, would cause death.

But the Gospel turned the light of exposure upon the enchantments of the medicine man, and in retaliation he decided to test his power on the evangelist who had undermined his prestige. The little chapel and benches were rubbed over with the magic medicine,—so also was the door of the evangelist's house. The people watched for results. Like the prophets of Baal, this old heathen had come to his day of testing. Before the end of the week, his five wives and three children died of illness and the old doctor himself was laid low with the same disease. At death's door, he called for the evangelist, acknowledged the power of "Nzambi" (God) and his life was spared.

Burning a Ju-Ju House

THE Nana Kru ju-ju house has been the largest center of devil worship on the Kru coast. To this place people continually brought human heads and hands for sacrifice. Hundreds of cows have been offered to this same fetich, and their blood poured upon it. But light has come to Kruland, and on June 4th, 1919, this monument to heathen superstitious crime was burned. Rev. Walter B. Williams, superintendent of the Nana Kru Methodist Mission, describes this ceremony as follows:

"A hundred Kru Christians led by the missionary and the Nana Kru Second Chief passed, singing,

through the town, then encircled the ju-ju house, where they knelt in prayer after a short but searching sermon and testimony. Rising from their knees, they advanced to the attack. Opinion among the masses of onlookers was divided. Many believed that our fire had no power to injure the fetiches. Rushing inside the house, our Christians began to knock the idols about, challenging them to save themselves. The brass bell was brought out and then fire was applied—bamboo, thatch and ju-jus being consumed in a magnificent blaze to the glory and power of the one true God. On the exact site of the ju-ju house, a Methodist church will be built."

A French Protestant Mission

IT IS reported that at least four fifths of the budget for the Les-sonts Mission, Basutoland, a station of the French Protestant Foreign Mission Society, is now supplied by local funds, from native converts and the colonial government. More encouraging still, native pastors are taking the places of French missionaries who have been home on furlough, or were called to the colors during the war. Two hundred young people in the northern and central sections of the country have joined catechumenal classes within the last two months of the fiscal year, while 4675 catechumens were received in 1918. The church now numbers 27,622 communicants.

Training School for South Africans

AMANZIMTOTI Institute and Union Normal School, twenty miles south of Durban, South Africa, is a "show place" for all tourists, and those who visit the station find that the staff consists of seven white teachers, with six or seven native instructors. The pupils in the normal school average 100 boys and 75 girls, while the day school numbers 325 pupils. The school operates a printing shop, a dairy, a poultry yard and carpenter shop.

Last year \$6,000 was cleared on the sugar plantation. The graduates of the Amanzimtoti normal school often take positions at some distance from the school, eight graduates having gone at least 1,000 miles away.

The English residents of Durban take a lively interest in the industrial side of the school, and want girls trained for houseworkers, as well as for teachers.

Missionary Herald.

INDIA AND CEYLON

A Fakir's Therapeutics

MISS HULL, of the Bagnan Medical Mission, India, describes, in the *Indian Witness*, a Hindu Sadhu who had made his way to her town, measuring himself on the ground like an inch-worm, writhing and contorting as if a maniac. The whole road was blocked with the crowd. People were wiping dust from his feet and eating it, kissing his feet, rubbing and marking themselves with dust he gave them or carrying away cakes of mud made by him from the dust of the public road.

"When I protested that the dust probably contained infection, the bazaar merchants rose up against me."

Meanwhile the fakir smoked hemp and blew the smoke in the faces of the crowd. Questioned as to his curative powers he answered:

"I do not say that I can cure disease. I can't. But the people come and demand something, so I give them some dust."

An Industrial Mission Self-Supporting

THE Scotch Presbyterian Church maintains an industrial mission at Chingleput, South India, with four model farms, where agriculture, dyeing, weaving, blacksmithing, etc., have been taught with such thoroughness that the value of produce has been multiplied from ten to twenty times. Because of his development of irrigation by means of oil pump wells, the government has honored the head of this work, Rev. Adam

Andrew, with the Kaisar-i-Hind medal. Four well organized churches in this community are supported entirely by the native Christians.

Trinity College—Ceylon

TRINITY College at Kandy, Ceylon, seeks in many ways to bring the Singalese into the "life abundant." The vitality and joyousness of Christianity is presented not only in the teaching but in the social and family life of the teaching staff, with the result that very few leave the school with a prejudice against Christianity. Ten or twelve baptisms yearly, out of an attendance of five hundred, is an encouraging record when one considers that baptism generally means disinheritance and often assassination.

A definite effort is made to get each boy keenly interested in some particular thing. The enervating climate and the pessimism of their religion are not conducive to eager enthusiasm in the Singalese people. But once a boy becomes eagerly keen about one thing, whether it be cricket or debating, it is not difficult to get him interested in other things, and often love of clean play and the love of truth leads a boy to the love of Him who embodies all truth.

CHINA

Small-Pox and Superstition

OPPPOSITE the main entrance to the hospital of the Edinburgh Medical Missionary Society at Tayeh is a large building known as "Tien Hua Kung," or "Small-pox Hall," where the ignorant pray for prevention and cure of the disease of "the heavenly flower." According to a legend, Tsao Kung Ming, god of wealth, had three sisters who were deified by the first prime minister of the Chow dynasty. They are supposed to punish the wicked by inflicting small-pox upon them, and although most of the Chinese now know that small-pox can be prevented by vaccination, many still worship the small-pox idols. Recently more than three hundred dol-

lars was spent in repairing and remodeling this Hall. Had this sum been invested judiciously, it would have yielded an annual interest sufficient to provide for the vaccination of several hundred persons.

Health Essay Contest

CANTON Christian College this year held a Health Essay Contest, in which fifty-six students took part. Of this number fourteen were girls. Some competitors wrote on more than one subject, hence, sixty-one papers were submitted. Nine were written on "What makes one Sick"; thirty on "Personal Hygiene"; eight on "House Sanitation"; nine on "Health, and the Rise and Fall of Nations" and five on "The Relation of National Health to National Wealth." The prizes ranged from \$2.50 to \$20 for the first award in the college grade.

Chinese Recorder.

An Appeal for Medical Workers

SIX or eight doctors are needed by the China Inland Mission for hospitals already built and equipped, but which are either used merely for dispensary work, or are operated under great difficulty by a single physician or surgeon, who is often called from his post by imperative needs at great distances; and who is at all times handicapped by the lack of assistance in delicate operations. This call for helpers is not issued by the China Inland Mission for its attractiveness; it is an appeal to those who are seeking an opportunity of doing the obscure heroic for the Master's sake.

China's Millions.

The Gospel at Rankine Hospital

IT would be difficult to visit any village within a radius of one hundred miles from Ichang, and not find some one who had been treated at Rankine Memorial Hospital, under the management of Drs. Graham and Borthwick, of the Church of Scotland; and there had heard the Gospel story. During the past year 31,827 patients visited the two dis-

pensaries, of whom the poor greatly outnumber the rich. The Gospel is preached in the dispensaries five days in the week, but more definite results are produced among the in-patients, who remain for a longer period. In addition to the preaching in the waiting hall, a band of workers are ready to minister to those who leave the dispensary.

Chinese President's Estimate of the Bible

CABLE messages received by the American Tract Society from the President of China and leaders in government and education carry the assurance that the present regime in China will not impede, but rather promote Christianity. These messages were sent for Bible Day at the Methodist Centenary in Columbus. The President cabled as follows:

"Moral teachings Bible truly exerted unlimited influence for good among all Christians in China. Also raised standard all my people along lines true progress. Hope benefits Scripture will extend to ends of earth and transcend past success. Bible teaching done great good in China. Has converted numbers of people. Become sincere Christians and transformed moral character. Some our prominent men of today honorable. Bible only remedy save China. Will cure corrupt official, instruct people how do righteousness, educator. Bible gives our people greater power for moral uplift and spiritual enlightenment. Will not fail as guide and inspirer in struggle for moral perfection."

Cigarette Smoking Prohibited

THE following circular has been telegraphed all over China according to instructions by the ministry of the interior:

"It has been noticed that almost everybody in the country has indulged in the use of cigars or cigarettes, which will become a worse curse to the nation than opium in former days, unless some restrictions are imposed. It is hereby decided

that before taking up any measure for the total prohibition of its use, the following restrictions shall be imposed: 1. No boy or girl under 18 years of age shall be allowed to smoke cigars or cigarettes; 2. Any military or naval man using it shall be punished; 3. The use of cigars and cigarettes in all government schools and colleges shall be strictly prohibited."

Autonomy for Tibet

GREAT BRITAIN and China have reached an agreement regarding Tibet, which is said to be satisfactory to both parties. The Chinese Foreign Office some time ago agreed to grant autonomy to Tibet, while retaining Chinese sovereignty over that country, and this proposal is now understood to have met the approval of the British Government. Tibetans are thus placed on the same footing as Mongolians.

China will be relieved of the burdensome and hitherto almost impossible task of keeping Tibet in order, and the British desire for the maintenance of Tibet as an autonomous buffer state is likewise realized. It was furthermore pointed out that the Chinese-British agreement regarding Tibet will lay to rest the rumors that have been circulated regarding Britain's alleged contemplated aggression along China's southwestern frontiers.

JAPAN—CHOSEN

To Entertain Sunday School Workers

JAPAN, but chiefly Tokyo, is much exercised over the problem of the International Sunday School Convention, to be held in Tokyo next year. The chief problem is the entertainment of the thousands of delegates and guests, for there is hotel accommodation for practically none of them, as the hotels are full to overflowing as it is, and rooms are everywhere at a premium even now. There is a good deal of interesting, as well as sometimes amusing, correspondence in the newspapers as to how best a large number of the visitors can be

entertained in private houses, in true, Japanese style—perhaps somewhat modified to fit the requirements of comfort for the Western visitor!

Japan After the War

REV. W. F. HEREFORD of Heroshima, Japan, writes in *The Presbyterian* that the Christian churches in Japan are receiving more into membership than for many years, and that church attendance is greatly increased. The Japanese mind is in a state of change, for they begin to see that there is such a thing as unselfishness; they are less satisfied with themselves. A Japanese Christian preacher recently said from his pulpit, that the loyalty and bravery of Japanese soldiers did not approach that of the Americans. He said that American soldiers went to the front as men with a righteous purpose, and that he was going to carry out that purpose or die. Christianity will therefore have a better hearing because of this example.

Labor Cause in Japan

THE "Yu-ai-kai," or Laborers' Friendly Society, is the nearest approach to a labor union in Japan. Although it is illegal to organize a labor union in Japan, this Society was permitted for social uplift and no doubt will ultimately become the nucleus for a real labor union. The Yu-ai-kai now has about 30,000 members. Its organizer and head is Mr. Suzuki Bunji, a Christian and member of the Peace Conference in Paris. The secretary and treasurer is also a Christian, as is the legal counselor for the western division. At one meeting four speakers out of six were Christians, and their addresses were filled with references to the teachings of Christ.

Bible Classes for Women

THE system of Bible classes for women in the Taiku district, Korea, represents the work of many missionaries. It is one of the agencies through which the women of Korea are "thoroughly furnished

unto all good works." There are classes for both country and city, the former being held between November and May, when the country people are less occupied with their harvests. An average sized class numbers about forty, with two Bible women as teachers whose training is received at the semi-annual institute held in Taiku, at mission expense.

Lepers Take Bible Examination

A recently held in the Lepers' Sunday-school at the Kwangju, Korea, asylum. The following ten questions were asked:

1. What did the Jews require and what did the Greeks seek after?
2. When Paul went to Corinth to preach, what resolution did he make?
3. What did Paul preach, and how was it received by the Jews, and by the Greeks?
4. What is our one foundation and how will every man's work be tested?
5. How many different kinds of persons does Paul say shall not enter the Kingdom of God? Name them.
6. Why should believers be careful about exercising their liberty in eating meats that had been offered to idols?
7. Why did Paul say he kept his body under?
8. How many Jews died in the wilderness in one day from fornication?
9. What disorders at the Lord's Table are mentioned?
10. Whom did Paul baptize?

Of the twenty lepers who took the examination, two received 100 per cent, four received over 90 per cent, six over 80 per cent and none received below 64 per cent.

Three lepers who are unable to walk could not attend the examination, and they asked to be allowed to repeat from memory all of the 1st and 2nd Book of Corinthians. It was so cold and late that this was not possible, but they repeated the

first eight chapters of 1st Corinthians and the first six chapters of 2nd Corinthians, two of them perfectly, one making a slight mistake.

Without the Camp.

NORTH AMERICA

A United Financial Campaign

IN their successful "United Protestant Campaign Drive" the town of Havre, Montana, with a population of a little over four thousand, has furnished a demonstration of what can be accomplished by cooperation. At the beginning of the war, the people of Havre were engaged in the erection of two church buildings and a deaconess hospital. All work on these buildings was suspended to allow for a vigorous participation in Red Cross and other war work drives, but recently a committee was appointed to secure a careful estimate of the amount needed to complete each building, to make necessary alterations on Baptist, Lutheran and A. M. E. church buildings and pay the rent of the Salvation Army Hall for a year and a half. This committee reported an estimate of \$87,000. Three days were then spent in mapping out publicity work and arranging various committees—more than a hundred leading citizens gave full time to the canvassing, and after a strenuous campaign, the total pledges were announced to be \$94,100. There was no attempt to wipe out denominational spirit, but a fine spirit of cooperation prevailed.

The Southern Baptist Campaign

LAST May the Southern Baptist Convention authorized a campaign for seventy-five million dollars to be given for world evangelization in the next five years. This amount has been apportioned to the eighteen Southern states, and the organization of the campaign has been effected for 925 associations and 24,851 churches. The laymen are active and the women propose to contribute \$15,000,000 of the total amount. July was the month for preparation.

August for information, September for intercession, October for enlistment, November for education in stewardship and December (1 to 7) for victory.

The Baptists, says President E. Y. Mullins, see in this campaign a challenge to spiritual world regeneration to accept the present great opportunity for the spread of Christian faith; to obedience to the command of Christ; and to unity in the undertaking. The challenge comes from God to His people to a greater consecration, to more generous gifts, to more wholehearted devotion in order that the name of Jesus Christ may be known and honored to the ends of the earth.

Report of Y. M. C. A.

A FINANCIAL statement issued by the Y. M. C. A. gives the total expenditures for the Association's war work as \$97,817,005, leaving a balance of \$27,465, 854 with which to carry on work until December, 1919. Eighty per cent of the funds contributed were used in the purchase, transportation and distribution of canteen supplies, and for entertainment and education. Thus it is seen that the Y. M. C. A., during the war, practically served as an adjunct of the United States government. Only a relatively small amount of the money was expended for distinctively religious work. The problem of adapting the work for the immediate future to after the war conditions is now occupying the leaders of the Association.

A Bible Course for Russians

THE Moody Bible Institute is planning to introduce a course for Russians in its curriculum, designed to prepare those who have accepted Christianity for Christian work among their countrymen, wherever they are found. The proposed course will cover from two to three years, and partial or complete self-support will be made possible for those who desire it. There are 30,000 Rus-

sians in Chicago alone. Fewer than one hundred of these are positively known to be Christians. Through the thousands of Russians in our industrial centers Bolshevism and many of the causes of disorder prevailing in Russia are disseminated in America. Such Christian educational centers as the Moody Bible Institute can help to stem the tide toward anarchy and infidelity.

Transfer of Mission Responsibility

NEARLY a hundred years ago the Church Missionary Society began work in Northwest Canada, and arrangements are now being made whereby the missions of this Society are to be turned over to the Canadian Church. The latter is already carrying on many missionary activities, including work among the Indians and Eskimos, and is adequately prepared to assume the long established work of the C. M. S. among the same people.

LATIN-AMERICA

Chaplains Needed in Mexico

A MISSIONARY of the Presbyterian Board in Mexico appeals for some of the returning chaplains from overseas to turn their steps toward Mexico. As one illustration of the country's need he relates the following incident:

On a recent itinerating trip the writer had scarcely reached his destined stopping place for the day when a young man came in from a town fifteen miles away, where no missionary had ever been. He wanted the missionary to go to his town and explain the Protestant religion to his sweetheart's family, so they would not have to be married by Romish rites. The young man offered horses and military escort as protection against bandits, so off over the mountains the missionary and the bridegroom-to-be went, guarded by strongly armed soldiers, and two days were spent telling about the Saviour. The utmost courtesy was shown by every one in the

village, and the people were eager to receive the tracts and literature he passed out.

The Continent.

New Orphanage for Argentina

THE Evangelical Union of South America has completed the building of an orphanage at Tres Arroyos, Argentina. The foundation stone was laid December 8, 1917, building operations were continued through 1918, and on January 1, 1919, the opening ceremonies took place. The building has accommodations for forty-five children. The orphanage has given many Argentinians a clearer idea of what the mission stands for, and the cause is looked upon with greater respect. The land and building represent an outlay of over \$20,000.

Decrease of Crime in Great Britain

SIR EVELYN RUGGLES-BRISE, chairman of the Prison Commission in Great Britain, says that in the last forty years enormous changes have taken place in crime in England. In the seventies there was a daily average of 20,000 arrests; in 1914, before the war, there were 14,000, and later, during the war, it was 5,000. In 1914 the change that came over the scene was almost magic, and one seemed hardly to be living in the same prison world. The war brought employment and restriction of the liquor traffic, two factors which have a bearing upon the number of petty offenses.

The war provided a great lesson for statesmen. The solution of the penal problem is not in prison reforms, in altering rules and regulations, but in employment and restriction of the sale of liquor.

EUROPE

The Gospel for French Children

IN the South of France, an English missionary worker, Mr. A. B.

Wilson, meets the boys and girls as they leave school and distributes Christian literature among them. Many a Bible has been brought into a French home through this method of first reaching the children, and inducing one to read aloud to others. Mr. Wilson travels in a caravan, represents no organization, and depends wholly upon God for success in his work.

Christian School for Italian Girls

WITH an enrollment of more than four hundred pupils, Crandon Institute, maintained by the Woman's Foreign Mission Society of the Methodist Episcopal Church, is developing a new type of Italian womanhood. Hitherto, Italian girls of the better classes have been trained almost exclusively in convent schools, and the few who have gone to college were marked by the narrowness of cloistered life. A chance to develop her personality and opportunity for service is afforded at Crandon Institute, and above all, Christian teaching and Christian ideals of living are kept in the foreground.

Protestantism in Poland

PROTESTANTS in Poland number 500,000, most of whom are Lutherans, although there are some 10,000 Reformed. General Pilsudski and a few others less notable in the Government are Lutherans. As Pilsudski is, next to Premier Paderewski, the most influential figure in Poland, Protestants have a pretty good guarantee that their rights will be respected. Lay preaching has a very considerable development in Polish churches. In Warsaw there is one evangelical church seating 5000. Polish Protestants plan the establishment of a seminary in Warsaw for training pastors.

Record of Christian Work.

Books on Medical Missions

Ministers of Mercy. By James H. Franklin. Illustrated. 12mo. 239 pp. 75 cents cloth. 50 cents paper. Missionary Education Movement. New York, 1919.

These biographical sketches of medical missionaries are inspiring stories of service and sacrifice. All the subjects except Dr. Catherine L. Mabie, of Africa, and Doctors Arthur and Ernest Neve, of India, have completed their work on earth. The chapters relating to these noble men and women make excellent subjects for addresses and are suitable for missionary readings. They include:

Dr. Theodore L. Pennell, the hero of the Afghan Frontier.

Dr. Fred D. Shepard, the beloved physician of Aintab, Turkey.

Dr. James C. Hepburn, the pioneer medical missionary in Japan.

Dr. Joseph P. Cochran, the good Samaritan of Persia.

Dr. Peter Parker, who "opened China at the point of the lancet."

Dr. John Kenneth Mackenzie, another famous English physician in China.

The Neves—two brothers and a sister—who established a hospital in beautiful Kashmir.

Dr. John Scudder, the pioneer medical missionary to India.

Two women—Dr. Christine Bennett, of Arabia, and Dr. Catharine L. Mabie, of Africa.

The stories are inspirational sketches of Christlike service in non-Christian lands.

BEST BOOKS ON MEDICAL MISSIONS

The Appeal of Medical Missions. By R. Fletcher Moorshead, M. D. \$1.00. Fleming H. Revell, New York. 1913.

A Crusade of Compassion for the Healing of the Nations. By Belle J. Allen and Caroline Atwater Mason. 240 pp. \$5.00. Central Committee on the United Study of Foreign Missions.

The Healing of the Nations. By J. Rut-

ter Williamson. 96 pp. \$0.40. Student Volunteer Movement. 1899.

Opportunities in the Path of the Great Physician. By Valeria F. Penrose. 277 pp. The Westminster Press, Phila. 1902.

Lepers. By John Jackson. 330 pp. Marshall Bros. 1905.

Clara A. Swain, M. D. By Mrs. Robert Hoskins. 31 pp. \$0.25. Woman's Foreign Missionary Society, Methodist Episcopal Church, Boston. 1912.

Dr. Elsie Englis. By Lady Frances Balfour. 264 pp. \$1.50. George H. Doran Co., New York. 1919.

Within the Purdah. By S. Armstrong-Hopkins, M. D. Eaton & Mains, New York.

Hepburn of Japan. By William Eliot Griffiths. 238 pp. \$1.50. Fleming H. Revell. 1913.

Thirty Years in Mukden. By Dugald Christie, M. D. 303 pp. Constable, London. 1914.

Arthur Jackson of Manchuria. By A. J. Costian. 188 pp. Hodder & Stoughton. 1911.

Notable Women of Modern China. By Margaret Burton. 271 pp. \$1.25. Fleming H. Revell, New York. 1912.

John Kenneth Mackenzie. By Mrs. Bryson. 404 pp. \$1.50. Fleming H. Revell, New York.

Dr. Apricot of Heaven Below. By Kingston de Gruche. Marshall Bros., London.

The Beloved Physician of Tsang Chou. (Dr. Arthur Peil.) 1s. Headley, London.

My Chinese Days. By Gulielma F. Alsop. 271 pp. \$2.00. Little, Brown & Co. 1919.

Pennell of the Afghan Frontier. By Mrs. Pennell. 464 pp. Seeley, Service & Co. 1914.

The Foreign Doctor. (Joseph P. Cochran of Persia.) By Robert E. Speer. Fleming H. Revell. 1911.

Behind the Veil in Persia and Turkish Arabia. By M. F. Hume-Griffith. 336 pp. Seeley, Service & Co. 1909.

An American Physician in Turkey. By Clarence D. Ussher, M. D. 338 pp. \$1.75. Houghton, Mifflin Co., New York. 1917.

Morocco After Twenty-five Years. By Dr. Robert Kerr. Murray and Eviden, London. 1912.

Dr. Grenfell's Parish. By Norman Duncan. Revell, New York.

The Black Bearded Barbarian. (Mackay of Formosa.) Marion Kieth. Missionary Education Movement. 1912

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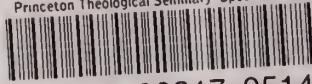
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